

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 17, 2002 8:00 am**  
**Secretary of State**

02-17-2002 90099 008 \*\*\*\*70.00

0046199

**DOCUMENT # N28563**

1. Entity Name

**FAITH UNITED METHODIST CHURCH OF FORT MYERS, INC**

Principal Place of Business

Mailing Address

C/O HAROLD GRESSMAN  
 15690 MCGREGOR BLVD  
 FORT MYERS FL 33908  
 US

William Davis

C/O HAROLD GRESSMAN  
 15690 MCGREGOR BLVD  
 FORT MYERS FL 33908  
 US

William Davis



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0131989**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~GRESSMAN, HAROLD~~  
~~120 SEAHORSE LN~~  
~~FORT MYERS BEACH FL 33931~~

William Davis  
 P.O. Box 60057  
 Fort Myers, FL 33906

Name

**William Davis**

Street Address (P.O. Box Number is Not Acceptable)

~~P.O. Box 60057~~

City

**Fort Myers**

**FL**

Zip Code  
**33906**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

*William Davis, Trustee*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*1/21/02*

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE:  Delete  
 NAME: **D DEVENY, ROBERT**  
 STREET ADDRESS: **11240 BOARDWALK PL.**  
 CITY-ST-ZIP: **FT MYERS FL 33908**

TITLE:  Change  Addition  
 NAME: **P Davis, William**  
 STREET ADDRESS: **P.O. Box 60057**  
 CITY-ST-ZIP: **Fort Myers, FL 33906**

TITLE:  Delete  
 NAME: **S MANTOOTH, MAXINE**  
 STREET ADDRESS: **1357 OAKLAWN CT.**  
 CITY-ST-ZIP: **FORT MYERS FL 33919**

TITLE:  Change  Addition  
 NAME: **S Clayton Davis**  
 STREET ADDRESS: **6770 Winkler Rd., Apt. Y-5**  
 CITY-ST-ZIP: **Fort Myers, FL 33909**

TITLE:  Delete  
 NAME: **P GRESSMAN, HAROLD**  
 STREET ADDRESS: **120 SEAHORSE LN**  
 CITY-ST-ZIP: **FORT MYERS BEACH FL 33931**

TITLE:  Change  Addition  
 NAME: **D Ken Mesler**  
 STREET ADDRESS: **12150 Live Oak Dr.**  
 CITY-ST-ZIP: **Fort Myers, FL 33908**

TITLE:  Delete  
 NAME: **D PARADY, CLIFF**  
 STREET ADDRESS: **14461 LAKEWOOD TRACE CT 304**  
 CITY-ST-ZIP: **FORT MYERS FL 33908**

TITLE:  Change  Addition  
 NAME: **D David Moore**  
 STREET ADDRESS: **9317 Pineapple**  
 CITY-ST-ZIP: **Fort Myers, FL 33912**

TITLE:  Delete  
 NAME: **D SCHOONMAKER, ALICE**  
 STREET ADDRESS: **12170 KELLY SANDS 715**  
 CITY-ST-ZIP: **FORT MYERS FL 33908**

TITLE:  Change  Addition  
 NAME: **D Philip Klaren**  
 STREET ADDRESS: **9826 Owlclover**  
 CITY-ST-ZIP: **Fort Myers, FL 33919**

TITLE:  Delete  
 NAME: **D WALKER, MARTY**  
 STREET ADDRESS: **2121 COLLIER AVE/STE 201**  
 CITY-ST-ZIP: **FT MYERS FL 33901**

TITLE:  Change  Addition  
 NAME: **D Don Streck**  
 STREET ADDRESS: **15152 Palm Isle Dr.**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption state of Florida, Florida Statutes, Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*William Davis, Trustee*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/21/02*

DATE

*941 48-2626*

DAYTIME PHONE #

CRE037 (9/01)