

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2006 8:00 am**  
**Secretary of State**

03-15-2006 90095 043 \*\*\*\*70.00

**DOCUMENT # N28563**

1. Entity Name  
**FAITH UNITED METHODIST CHURCH OF FORT MYERS,  
INC.**



Principal Place of Business  
**C/O EDWIN FLEISCH  
15690 MCGREGOR BLVD  
FORT MYERS, FL 33908 US**

Mailing Address  
**C/O MELISSA STOTT  
15690 MCGREGOR BLVD  
FORT MYERS, FL 33908 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03022006

Chg-NP

CR2E037 (11/05)

4. FEI Number  
**65-0131989**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

**FLEISCH, EDWIN  
15690 MCGREGOR BLVD  
FORT MYERS, FL 33908**

## 7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make check payable to  
Florida Department of State**

## 10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	CONRAD, BRUCE A	
STREET ADDRESS	16295 DAVIS RD. LOT#47	
CITY-ST-ZIP	FT MYERS, FL 33908	
TITLE	S	<input type="checkbox"/> Delete
NAME	LUSTER, VIKI	
STREET ADDRESS	13601 CHINA BERRY WAY	
CITY-ST-ZIP	FORT MYERS, FL 33908	
TITLE	P	<input type="checkbox"/> Delete
NAME	FLEISCH, EDWIN	
STREET ADDRESS	16160 KELLY COVE DR.	
CITY-ST-ZIP	FORT MYERS, FL 33908	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	URSOLEO, JAY	
STREET ADDRESS	9017 LIGON CT.	
CITY-ST-ZIP	FORT MYERS, FL 33908	
TITLE	D	<input type="checkbox"/> Delete
NAME	STRANGE, ODEL	
STREET ADDRESS	16145 EDMONT DR.	
CITY-ST-ZIP	FORT MYERS, FL 33908	
TITLE	D	<input type="checkbox"/> Delete
NAME	PERCIFIELD, GEORGE	
STREET ADDRESS	240 DELMAR AVE.	
CITY-ST-ZIP	FORT MYERS BEACH, FL 33931	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hammond, Bruce	
STREET ADDRESS	6555 Sand Spur Lane	
CITY-ST-ZIP	Fort Myers, FL 33919	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stump, Jean	
STREET ADDRESS	12541 Kelly Sands Way, #17	
CITY-ST-ZIP	Fort Myers, FL 33908	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McCluer, John	
STREET ADDRESS	12841 Kelly Bay Ct.	
CITY-ST-ZIP	Fort Myers, FL 33908	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dolby, Pat	
STREET ADDRESS	16299 San Carlos Blvd, F-1	
CITY-ST-ZIP	Fort Myers, FL 33908	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Yost, Barbara	
STREET ADDRESS	13671 Ovenbird Dr.	
CITY-ST-ZIP	Fort Myers, FL 33908	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wilson, James	
STREET ADDRESS	404 McGregor Park Cir.	
CITY-ST-ZIP	Fort Myers, FL 33908	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by 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 another like empowered.

**SIGNATURE:**

*Edwin Fleisch*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #