

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

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N48940** (3)

1. Corporation Name

**CHRIST UNITED METHODIST CHURCH OF LEHIGH ACRES, INC.**



Principal Place of Business

Mailing Address

1430 HOMESTEAD RD. N.  
LEHIGH ACRES FL 33936  
US

P.O. BOX 668  
LEHIGH ACRES FL 33970  
US

3. Date Incorporated or Qualified **05/14/1992** 3a. Date of Last Report **05/01/1995**

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	Applied For
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	27	59-1318118	Not Applicable
23	City & State	City & State	28	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24	Zip	Country	29	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25	Country	Zip	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GREER, JAMES R.  
10715 GUAVATREE CT.  
LEHIGH ACRES FL 33936

81 Name **Me1 Kendall**  
82 Street Address (P.O. Box Number Is Not Acceptable) **239 Brookside St**  
83  
84 City **Lehigh Acres** FL 85 Zip Code **33936**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0603, Florida Statutes.

SIGNATURE: *Melton O. Kendall* **Melton O. Kendall** Chairperson, Board of Trustees

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>S/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ZITKO, RAY</b>	1.2 NAME	<b>Coffelt, Eilene</b>
STREET ADDRESS	<b>205 FIFTH AVE.</b>	1.3 STREET ADDRESS	<b>309 Maine Pl</b>
CITY-ST-ZIP	<b>LEHIGH ACRES FL</b>	1.4 CITY-ST-ZIP	<b>Lehigh Acres, FL 33936</b>
TITLE	<b>DS</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ARMSTRONG, BETTY</b>	2.2 NAME	<b>Richards, Darwin</b>
STREET ADDRESS	<b>110 EDWARD AVE.</b>	2.3 STREET ADDRESS	<b>214 Lincoln Ave SE</b>
CITY-ST-ZIP	<b>LEHIGH ACRES FL</b>	2.4 CITY-ST-ZIP	<b>Lehigh Acres, FL 33936</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ALLEN, SCOTT</b>	3.2 NAME	<b>Thompson, Richard</b>
STREET ADDRESS	<b>219 LOUIS AVE.</b>	3.3 STREET ADDRESS	<b>218 Argonne Ave</b>
CITY-ST-ZIP	<b>LEHIGH ACRES FL</b>	3.4 CITY-ST-ZIP	<b>Lehigh Acres, FL 33936</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WARD, DAVE</b>	4.2 NAME	<b>Bishop, Beverleelyn</b>
STREET ADDRESS	<b>1406 MICHAEL AVE</b>	4.3 STREET ADDRESS	<b>288 Ground Dove Cir</b>
CITY-ST-ZIP	<b>LEHIGH ACRES FL</b>	4.4 CITY-ST-ZIP	<b>Lehigh Acres, FL 33936</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<b>C/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KENDALL, MEL</b>	5.2 NAME	<b>Kendall, Mel</b>
STREET ADDRESS	<b>239 BROOKSIDE ST</b>	5.3 STREET ADDRESS	<b>239 Brookside St</b>
CITY-ST-ZIP	<b>LEHIGH ACRES FL</b>	5.4 CITY-ST-ZIP	<b>Lehigh Acres, FL 33936</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WHALEY, LESTER</b>	6.2 NAME	
STREET ADDRESS	<b>224 MORSE PLAZA</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT MYERS FL</b>	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Melton O. Kendall*

Date

Daytime Phone #

CR2E037 (12/95)