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Mar 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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 33970-0668 US

3. Date Incorporated or Qualified 05/14/1992  
3a. Date of Last Report 03/04/1996

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt #, etc. 26 Suite, Apt #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

4. FEI Number 59-1318118 Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
KENDALL, MEL  
239 BROOKSIDE STREET  
LEHIGH ACRES FL 33936

10. Name and Address of New Registered Agent  
81 Name Paul Zitko  
82 Street Address (P.O. Box Number is Not Acceptable) 211 Redcliff Avenue  
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 617.0503, Florida Statutes.

SIGNATURE *Paul Zitko* Paul Zitko, Chairperson, Trustees DATE 2/27/97  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZITKO, RAY	1.2 NAME Richard Thompson
STREET ADDRESS	205 FIFTH AVE.	1.3 STREET ADDRESS 218 Argonne Ave
CITY-ST-ZIP	LEHIGH ACRES FL	1.4 CITY-ST-ZIP Lehigh Acres, FL 33936
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DARWIN, RICHARDS	2.2 NAME Dan Giles
STREET ADDRESS	214 LINCOLN AVENUE SE	2.3 STREET ADDRESS 29 Greenwood Ave
CITY-ST-ZIP	LEHIGH ACRES FL	2.4 CITY-ST-ZIP Lehigh Acres, FL 33936
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALLEN, SCOTT	3.2 NAME Ray Clemans
STREET ADDRESS	219 LOUIS AVE.	3.3 STREET ADDRESS 16 Jonquil Ave
CITY-ST-ZIP	LEHIGH ACRES FL	3.4 CITY-ST-ZIP Lehigh Acres, FL 33936
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE D/C <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WARD, DAVE	4.2 NAME Paul Zitko
STREET ADDRESS	1406 MICHAEL AVE	4.3 STREET ADDRESS 211 Redcliff Ave
CITY-ST-ZIP	LEHIGH ACRES FL	4.4 CITY-ST-ZIP Lehigh Acres, FL 33936
TITLE	60, VP <input type="checkbox"/> DELETE	5.1 TITLE D/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KENDALL, MEL	5.2 NAME Jim Bradshaw
STREET ADDRESS	239 BROOKSIDE STREET	5.3 STREET ADDRESS 19940 Lake Vista Cir
CITY-ST-ZIP	LEHIGH ACRES FL	5.4 CITY-ST-ZIP Lehigh Acres, FL 33936
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHALEY, LESTER	6.2 NAME Harold Morrical
STREET ADDRESS	224 MORSE PLAZA	6.3 STREET ADDRESS 917 Hudson Ave
CITY-ST-ZIP	FT MYERS FL	6.4 CITY-ST-ZIP Lehigh Acres, FL 33936

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Paul Zitko* REQUIRED 2/27/97 941-369-1433  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0069074

CR2E037 (9/96)