


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

**FILED**

**Mar 11 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N48940 (3)**

1. Corporation Name  
**CHRIST UNITED METHODIST CHURCH OF LEHIGH ACRES, INC.**

Principal Place of Business <b>1430 HOMESTEAD RD. N. LEHIGH ACRES FL 33936 US</b>	Mailing Address <b>P.O. BOX 668 LEHIGH ACRES FL 33970 US</b>
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<b>21</b> Principal Place of Business	<b>2a.</b> Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Zip
<b>24</b> Country	<b>29</b> Country
<b>25</b>	<b>30</b>

<b>3.</b> Date Incorporated or Qualified <b>05/14/1992</b>		
<b>4.</b> FEI Number <b>59-1318118</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
<b>7.</b> Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>8.</b> This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

**9. Name and Address of Current Registered Agent**

**PAUL ZITKO  
211 REDCLIFF AVE.  
LEHIGH ACRES FL 33938**

**10. Name and Address of New Registered Agent**

<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number Is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>85</b> Zip Code

**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 R Zitko* **Paul R Zitko** **2/23/98**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>RICHARD THOMPSON</b>	
STREET ADDRESS	<b>218 ARGONNE AVE.</b>	
CITY-ST-ZIP	<b>LEHIGH ACRES FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DAN GILES</b>	
STREET ADDRESS	<b>29 GREENWOOD AVE.</b>	
CITY-ST-ZIP	<b>LEHIGH ACRES FL</b>	
TITLE	<b>D, V</b>	<input type="checkbox"/> DELETE
NAME	<b>RAY CLEMANS</b>	
STREET ADDRESS	<b>16 JONQUIL AVE.</b>	
CITY-ST-ZIP	<b>LEHIGH ACRES FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WARD, DAVE</b>	
STREET ADDRESS	<b>1408 MICHAEL AVE</b>	
CITY-ST-ZIP	<b>LEHIGH ACRES FL</b>	
TITLE	<b>CD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>KENDALL, MEL</b>	
STREET ADDRESS	<b>239 BROOKSIDE STREET</b>	
CITY-ST-ZIP	<b>LEHIGH ACRES FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WHALEY, LESTER</b>	
STREET ADDRESS	<b>224 MORSE PLAZA</b>	
CITY-ST-ZIP	<b>FT MYERS FL</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Dick Davies</b>	
1.3 STREET ADDRESS	<b>1426 Ford Cir</b>	
1.4 CITY-ST-ZIP	<b>Lehigh Acres, FL 33936</b>	
2.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Harold Morrical</b>	
2.3 STREET ADDRESS	<b>917 Hudson Ave</b>	
2.4 CITY-ST-ZIP	<b>Lehigh Acres, FL 33936</b>	
3.1 TITLE	<b>D/S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Jim Bradshaw</b>	
3.3 STREET ADDRESS	<b>19940 Lake Vista Cir</b>	
3.4 CITY-ST-ZIP	<b>Lehigh Acres, FL 33936</b>	
4.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Barbara Whaley</b>	
4.3 STREET ADDRESS	<b>306 Ohio Rd</b>	
4.4 CITY-ST-ZIP	<b>Lehigh Acres, FL 33936</b>	
5.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Darrin Brooks</b>	
5.3 STREET ADDRESS	<b>2506 Elva Pl</b>	
5.4 CITY-ST-ZIP	<b>Lehigh Acres, FL 33971</b>	
6.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>Douglas Compton</b>	
6.3 STREET ADDRESS	<b>1431 Archer St</b>	
6.4 CITY-ST-ZIP	<b>Lehigh Acres, FL 33972</b>	

**14.** I 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 R Zitko* **Paul R Zitko** **2/23/98** **941-368-1590**

CFR2037 (10/97)

Nonprofit Corporation Annual Report/1998

13. Additions/Changes to Officers and Directors

C Addition  
Paul Zitko  
211 Redcliff Ave  
Lehigh Acres, Fl 33936

T Addition  
Joe Snipes  
333 Richland Rd  
Lehigh Acres, Fl 33972

S Addition  
Donna Boyd  
1802 E 7th St  
Lehigh Acres, Fl 33972