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Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90007 042 ****61.25

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N48940

1. Corporation Name

CHRIST UNITED METHODIST CHURCH OF LEHIGH ACRES, INC.

Principal Place of Business

1430 HOMESTEAD RD. N.
 LEHIGH ACRES FL 33936
 US

Mailing Address

1430 HOMESTEAD RD N
 LEHIGH ACRES FL 33936
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		05/14/1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1318118	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		Trust Fund Contribution <input type="checkbox"/>	
25	Country	30	Country	\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

PAUL ZITKO
 211 REDCLIFF AVE.
 LEHIGH ACRES FL 33936

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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

(NOTE: Registered Agent signature required when reinstating)

3/22/99
DATE

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	DAVIES, DICK	1.2 NAME	Harold Morrical
STREET ADDRESS	1426 FORD CIR	1.3 STREET ADDRESS	1457 Alwynne Dr
CITY-ST-ZIP	LEHIGH ACRES FL 33936	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	DAN GILES	2.2 NAME	Jim Bradshaw
STREET ADDRESS	29 GREENWOOD AVE.	2.3 STREET ADDRESS	19940 Lake Vista Cir
CITY-ST-ZIP	LEHIGH ACRES FL	2.4 CITY-ST-ZIP	Lehigh Acres, FL 33936
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAY CLEMANS	3.2 NAME	Greg Declet
STREET ADDRESS	16 JONQUIL AVE.	3.3 STREET ADDRESS	12900 Shawnee Rd
CITY-ST-ZIP	LEHIGH ACRES FL	3.4 CITY-ST-ZIP	Ft Myers, FL 33913
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHALEY, BARBARA	4.2 NAME	Sally Andersen
STREET ADDRESS	306 OHIO RD	4.3 STREET ADDRESS	2602 6th St W
CITY-ST-ZIP	LEHIGH ACRES FL 33936	4.4 CITY-ST-ZIP	Lehigh Acres, FL 33971
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	C <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROOKS, DARRIN	5.2 NAME	Paul Zitko
STREET ADDRESS	2506 ELVA PL	5.3 STREET ADDRESS	211 Redcliff Ave
CITY-ST-ZIP	LEHIGH ACRES FL 33971	5.4 CITY-ST-ZIP	Lehigh Acres, FL 33936
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	COMPTON, DOUGLAS	6.2 NAME	
STREET ADDRESS	1431 ARCHER ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES FL 33972	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *Paul Zitko* **SE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/99 **941-369-1483**
Date Daytime Phone #

CR2F037 (11/98)