

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2000 8:00 am**  
**Secretary of State**

03-31-2000 90090 001 \*\*\*\*61.25

**DOCUMENT # N48940**

1. Entity Name

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

Principal Place of Business

Mailing Address

1430 HOMESTEAD RD. N.  
 LEHIGH ACRES FL 33936  
 US

1430 HOMESTEAD RD N  
 LEHIGH ACRES FL 33936-4829  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1318118**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**PAUL ZITKO**  
**211 REDCLIFF AVE.**  
**LEHIGH ACRES FL 33936**

7. Name and Address of New Registered Agent

Name

**Barbara Whaley**

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

**306 Ohio Road**

City **Lehigh Acres**

**FL**

Zip Code  
**33936**

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.

SIGNATURE

*Barbara Whaley*

**3-22-2000**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing  
 Trust Fund Contribution.

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

**Make Check Payable to**  
**Department of State**

OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
D <input checked="" type="checkbox"/> Delete <b>MORRICAL, HAROLD</b> ADDRESS: 1457 ALWYNNE DR ST-ZIP: LEHIGH ACRES FL 33936	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TITLE: Darryl Stumbo NAME: Darryl Stumbo STREET ADDRESS: 918 Roosevelt Ave N CITY-ST-ZIP: Lehigh Acres, FL 33972
D <input checked="" type="checkbox"/> Delete <b>BRADSHAW, JIM</b> ADDRESS: 19940 LAKE VISTA CIR ST-ZIP: LEHIGH ACRES FL 33936	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TITLE: Sally Andersen NAME: Sally Andersen STREET ADDRESS: 2602 6th St W CITY-ST-ZIP: Lehigh Acres, FL 33971
D / V <input type="checkbox"/> Delete <b>RAY CLEMANS</b> ADDRESS: 16 JONQUIL AVE. ST-ZIP: LEHIGH ACRES FL	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TITLE: Jon Hornby NAME: Jon Hornby STREET ADDRESS: 313 Jefferson Ave CITY-ST-ZIP: Lehigh Acres, FL 33972
D / P <input type="checkbox"/> Delete <b>WHALEY, BARBARA</b> ADDRESS: 306 OHIO RD ST-ZIP: LEHIGH ACRES FL 33936	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TITLE: Woody Dulaney NAME: Woody Dulaney STREET ADDRESS: 304 Greenwood Ave CITY-ST-ZIP: Lehigh Acres, FL 33972
D / S <input type="checkbox"/> Delete <b>DECLLET, GREG</b> ADDRESS: 12900 SHAWNEE RD ST-ZIP: FT MYERS FL 33913	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TITLE: Gail Curnoles NAME: Gail Curnoles STREET ADDRESS: 119 McArthur Ave CITY-ST-ZIP: Lehigh Acres, FL 33972
D <input type="checkbox"/> Delete <b>COMPTON, DOUGLAS</b> ADDRESS: 1431 ARCHER ST ST-ZIP: LEHIGH ACRES FL 33972	D <input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:

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 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 all other like empowered.

SIGNATURE:

*Barbara Whaley*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-22-2000**

Date

**941-364-1433**

Daytime Phone #

CR2E037 (9/99)