

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 12, 2001 8:00 am
Secretary of State

06-12-2001 90003 021 ****61.25

0070321

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
 US

U0071129



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1318118

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WHALEY, BARBARA
306 OHIO RD
LEHIGH ACRES FL 33936

Name

Tim Warmboe

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

112 Truman Avenue

City

Lehigh Acres

FL

Zip Code
33972

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

6/7/01

**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**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MORRICAL, HAROLD	
STREET ADDRESS	1457 ALWYNNE DR	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BRADSHAW, JIM	
STREET ADDRESS	19940 LAKE VISTA CIR	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	
TITLE	D	<input type="checkbox"/> Delete
NAME	RAY CLEMANS	
STREET ADDRESS	16 JONQUIL AVE.	
CITY-ST-ZIP	LEHIGH ACRES FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WHALEY, BARBARA	
STREET ADDRESS	306 OHIO RD	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	
TITLE	D / S	<input type="checkbox"/> Delete
NAME	DECLET, GREG	
STREET ADDRESS	12900 SHAWNEE RD	
CITY-ST-ZIP	FT MYERS FL 33913	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COMPTON, DOUGLAS	
STREET ADDRESS	1431 ARCHER ST	
CITY-ST-ZIP	LEHIGH ACRES FL 33972	

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tim Warmboe	
STREET ADDRESS	112 Truman Avenue	
CITY-ST-ZIP	Lehigh Acres, FL 33972	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joe Martin	
STREET ADDRESS	217 S Lake Dr	
CITY-ST-ZIP	Lehigh Acres, FL 33936	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sally Andersen	
STREET ADDRESS	2602 6th St W	
CITY-ST-ZIP	Lehigh Acres, FL 33971	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jon Hornby	
STREET ADDRESS	313 Jefferson Ave	
CITY-ST-ZIP	Lehigh Acres, FL 33972	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jim Arcadi	
STREET ADDRESS	202 Idleview Ave	
CITY-ST-ZIP	Lehigh Acres, FL 33936	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Korsah	
STREET ADDRESS	402 Arthur Ave	
CITY-ST-ZIP	Lehigh Acres, FL 33936	

12. 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:

6/7/01

941-369-1433

CR2E037 (10/00)