


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90078 020 ****61.25

DOCUMENT # N48940					
1. Entity 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		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 <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WHALEY, LESTER 306 OHIO RD. LEHIGH ACRES, FL 33936			Name Bernie McDyer		
			Street Address (P.O. Box Number is Not Acceptable)		
			11701 Larson Dr. #4		
			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: <i>Bernie McDyer</i>		Bernie McDyer		3/29/04	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DS	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JANDER, DONNA		NAME	Brakulis, Nitra	
STREET ADDRESS	1204 E. THIRD ST.		STREET ADDRESS	585 Genevieve Dr	
CITY-ST-ZIP	LEHIGH ACRES, FL 33936		CITY-ST-ZIP	Lehigh Acres, FL 33936	
TITLE	DV	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COMPTON, DOUGLAD		NAME	Compton, Douglas	
STREET ADDRESS	1431 ARCHER ST.		STREET ADDRESS	1431 Archer St	
CITY-ST-ZIP	LEHIGH ACRES, FL 33972		CITY-ST-ZIP	Lehigh Acres, FL 33972	
TITLE	D	<input type="checkbox"/> Delete	TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARCADI, JIM		NAME	McDyer, Bernie	
STREET ADDRESS	11104 ARTHUR AVE.		STREET ADDRESS	11701 Larson Dr, #4	
CITY-ST-ZIP	LEHIGH ACRES, FL 33936		CITY-ST-ZIP	Lehigh Acres, FL 33936	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZITKO, RAY		NAME	Gibbons, Kathryn	
STREET ADDRESS	205 FIFTH AVE		STREET ADDRESS	336 Fleetwood Ave	
CITY-ST-ZIP	LEHIGH ACRES, FL 33972		CITY-ST-ZIP	Lehigh Acres, FL 33936	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHALEY, LESTER		NAME	Flynn, William	
STREET ADDRESS	306 OHIO RD		STREET ADDRESS	3726 Hyde Park Dr	
CITY-ST-ZIP	LEHIGH ACRES, FL 33936		CITY-ST-ZIP	Ft. Myers, FL 33905	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREGORY, BEVERLY		NAME	Gareiss, Lathan	
STREET ADDRESS	206 RICHMOND AVE.		STREET ADDRESS	705 Gordon Ave N.	
CITY-ST-ZIP	LEHIGH ACRES, FL 33972		CITY-ST-ZIP	Lehigh Acres, FL 33971	
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: <i>Bernie McDyer</i>		Bernie McDyer		3/29/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	
				239-369-1433	
				Daytime Phone #	

94044431



03182004 Chg-NP CR2E037 (10/03)

10. Officers and Directors(continued)

Attachment

D
Ostrowski, Robert
118 Burnside St
Lehigh Acres, Fl 33936

Addition

148940