2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N48940



May 02, 2003 8:00 am Secretary of State 05-02-2003 90095 015 ****61.25

FILED

CHRIST UNITED METHODIST INC.	CHURCH OF LEHIGH ACRES
Principal Place of Business	Mailing Address



IIVG.				GOO WE T	<u> </u>					
Principal Place 1430 HOMESTI EHIGH ACRES US		Mailing Address 1430 HOMESTEAD RD N LEHIGH ACRES FL 33936 US	1			1 1891/186 BH 81881	18/18 18/11 8/8/1 88/1 8/8/1	818:1 818:1 91811 9	HEN ONEN TÖÖL	
2. Principal F	Place of Business	3. Mailing Address								
Suite, Apt.	#, etc. Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & State City & State		City & State				· · · · · · · · · · · · · · · · · · ·			Applied For	
Zip Country Zip		Zip	Country			5. Certificate of Status Desired See Required				
	6. Name and Address of Current	Registered Agent			7. Name and Address of New Registered Agent					
	or mano and padrood or servent	nogiotorea Agent		Name			se of fich flogioto.	oo Agoni		
MARTIN, JOE				Lester Whaley Street Address (P.O. Box Number is Not Acceptable) 306 Ohio Rd						
217 SOUTH LAKE DR LEHIGH ACRES FL 33936			-		200	OIIIO Kū				
						gh Acres		FL Zip Co	36	
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 .	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	: Registered A	LSF9 Agent signature		haley when reinsulting)		<u> </u>	· <u> </u>	
\$ A	FILE NOW: FEE IS \$61.25	9. Election Cam Trust Fund Co]	\$5.00 May Be Added to Fees		eck Payable partment of		
10.	OFFICERS AND DIF	RECTORS	11.		Α	DDITIONS/CHANGES	TO OFFICERS AND	DIRECTORS I	N 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARTIN, JOE 217 S. LAKE DR LEHIGH ACRES FL 33936	Delete	TITLE NAME STREET CITY-S	ADDRESS 1	1204	er, Donna E Third St gh Acres, Fl	22026	☐ Change	₹ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIBBONS, KATHRYN 603 ROOSEVELT AVE LEHIGH ACRES FL 33972	反 Delete	TITLE NAME STREET CITY-S	ADDRESS 1	D/V Comp 1431	ton, Douglas Archer St ah Acres, Fl	man a section of	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KORSAH, JOHN 402 ARTHUR AVE LEHIGH ACRES FL 33936	⊠ Delete	TITLE NAME STREET CITY-S	ADDRESS 1) Arca 1104	di, Jim Arthur Ave		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZITKO, RAY 205 FIFTH AVE LEHIGH ACRES FL 33972	☐ Delete	TITLE NAME STREET CITY-S	ADDRESS 2	o Grego 206 1	ory, Beverly Richmond Ave Th Acres, Fl		☐ Change		
NAME STREET ADDRESS CITY - ST - ZIP	D/P Whaley, lester 306 Ohio RD Lehigh Acres FL 33936	☐ Delete	TITLE NAME STREET CITY-S	ADDRESS 1) 1cDye 1939(er, Bernie O Orchidtree Th Acres, Fl	Ct	☐ Change		
NAME STREET ADDRESS	D HORNBY, JON 313 JEFFERSON AVE	⊠ Delete	TITLE NAME STREET	ADDRESS 1) Purse	el, Tony McArthur Av		☐ Change	Addition	

<u> Llehigh Acres, Fl 33972</u> 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 a address, with all other like empowered.

SIGNATURE:

239-368-1440