


FILE NOW: FILING FEE IS \$61.25

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Apr 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 710639 (6)
1. Corporation Name
UNITARIAN UNIVERSALIST CHURCH OF FORT MYERS, INC

Principal Place of Business 13411 SHIRE LANE FORT MYERS FL 33912 US	Mailing Address 13411 SHIRE LANE FORT MYERS FL 33912 US
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3. Date Incorporated or Qualified 03/31/1966	
4. FEI Number 59-1160337	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	22 City & State	27 City & State
23 Zip	28 Zip	24 Country	29 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**EBELIN, MARK A.
1625 HENDRY ST 3RD FLOOR
FT MYERS FL 33901**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	P BREWER, PHYLLIS	<input checked="" type="checkbox"/> DELETE
NAME	888 CYPRESS LAKE CIRCLE	
STREET ADDRESS	FORT MYERS FL 33919	
CITY-ST-ZIP		
TITLE	VP YEPSEN, ROGER	<input checked="" type="checkbox"/> DELETE
NAME	9808 FATHOM COURT	
STREET ADDRESS	FT. MYERS FL	
CITY-ST-ZIP		
TITLE	T WILSON, REED	<input checked="" type="checkbox"/> DELETE
NAME	1213 HOPEDALE DRIVE	
STREET ADDRESS	FT MYERS FL 33919	
CITY-ST-ZIP		
TITLE	S WILSON-BURRIS, KATHERINE	<input checked="" type="checkbox"/> DELETE
NAME	638 GRANDVIEW DR	
STREET ADDRESS	LEHIGH ACRES FL	
CITY-ST-ZIP		
TITLE	D MARON, DONALD	<input checked="" type="checkbox"/> DELETE
NAME	4516 HEATHER CIRCLE	
STREET ADDRESS	ST. JAMES CITY FL 33956	
CITY-ST-ZIP		
TITLE	D KLEIN FRANCES	<input checked="" type="checkbox"/> DELETE
NAME	13663 BRYNWOOD LANE	
STREET ADDRESS	FT MYERS FL	
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	P/D Johnson, Stanley	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	8100 Glenfinnan Circle	
1.3 STREET ADDRESS	Fort Myers, FL 33912	
1.4 CITY-ST-ZIP		
2.1 TITLE	VP/D Blumenfeld, Gerald	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	9545 Mariners Cove La.	
2.3 STREET ADDRESS	Fort Myers, FL 33919	
2.4 CITY-ST-ZIP		
3.1 TITLE	T/D Wiedenmann, Mark	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	7400 College Pkwy. 4 C	
3.3 STREET ADDRESS	Fort Myers, FL 33907	
3.4 CITY-ST-ZIP		
4.1 TITLE	S/D Gatto, Leslie	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	2605 SW 18th Ave.	
4.3 STREET ADDRESS	Cape Coral, FL 33914	
4.4 CITY-ST-ZIP		
5.1 TITLE	VP/d Robison, Rob	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	3049 W. Gulf Dr. #103	
5.3 STREET ADDRESS	Sanibel, FL 33957	
5.4 CITY-ST-ZIP		
6.1 TITLE	VP/D Yepsen, Natalie	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	9808 Fathom Ct.	
6.3 STREET ADDRESS	Fort Myers, FL 33919	
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 19.07(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.

SIGNATURE *Mark Wiedenmann* **Mark Wiedenmann** 3/22/98

CR2E037 (1097)