

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 709897

1. Entity Name

EAST NAPLES UNITED METHODIST CHURCH, INC.

Principal Place of Business

2701 AIRPORT ROAD SOUTH
NAPLES FL 34112
US

Mailing Address

2701 AIRPORT ROAD SOUTH
NAPLES FL 34112
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

59-2171834

Applied For

Not Applicable

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

LUTHER, JAMES L
212 PALMETTO DUNES CIRCLE
NAPLES FL 34113

Name

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

City

FL

Zip Code

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 JAMES L. LUTHER

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/10/02

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 ☐ Delete
NAME D
STREET ADDRESS BIRKHOLZ, BOB
CITY-ST-ZIP 4628 CHIPPEDALE DR
NAPLES FL 34112-5259

TITLE ☐ Change ☒ Addition
NAME VICE-CHAIRMAN
STREET ADDRESS BILL BENDER
CITY-ST-ZIP 795 CROSS FIELD CIR.
NAPLES FL 34104

TITLE ☒ Delete
NAME S
STREET ADDRESS WILLIAMS, LINDA
CITY-ST-ZIP 424 FOX DEN CIRCLE
NAPLES FL 34104-5182

TITLE ☐ Change ☒ Addition
NAME DIRECTOR
STREET ADDRESS LUCINDA GRANT
CITY-ST-ZIP 954 CHARLEMANGE BLVD.
NAPLES FL 34112

TITLE ☐ Delete
NAME D
STREET ADDRESS RATLIFF, CLIFF
CITY-ST-ZIP 5280 MYRTLE LANE
NAPLES FL 34113

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME D
STREET ADDRESS JORDAN, JOHN
CITY-ST-ZIP 269 BALTUSUROL DR
NAPLES FL 34113

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME SECRETARY
STREET ADDRESS SHANNON, EVELYN
CITY-ST-ZIP 3170 PINEAPPLE CT
NAPLES FL 34120-1467

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME C
STREET ADDRESS LUTHER, JAMES L
CITY-ST-ZIP 212 PALMETTO DUNES CIRCLE
NAPLES FL 34113

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/02

(941) 774-1323

Date

Daytime Phone #

CR2E037 (9/01)