

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N48940

**FILED**  
**Jan 16, 2014**  
**Secretary of State**  
**CC3858290008**

**Entity Name:** CHRIST UNITED METHODIST CHURCH OF LEHIGH ACRES, INC.

**Current Principal Place of Business:**

1430 HOMESTEAD RD. N.  
LEHIGH ACRES, FL 33936

**Current Mailing Address:**

1430 HOMESTEAD RD. N.  
LEHIGH ACRES, FL 33936 US

**FEI Number: 59-1318118**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

GOLDEN, CHARLENE L  
1430 HOMESTEAD RD. N.  
LEHIGH ACRES, FL 33936 US

*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:** CHARLENE L. GOLDEN

01/16/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHAIRMAN, TRUSTEE

Name LEOTTI, DOMINIC

Address 6156 HEPNER AVE.

City-State-Zip: FORT MYERS FL 33905

Title TRUSTEE

Name THOMPSON, RICHARD

Address 319 INMAN AVE.

City-State-Zip: LEHIGH ACRES FL 33936

Title TRUSTEE

Name LONG, PATTY

Address 545 BETHANY VILLAGE CIRCLE

City-State-Zip: LEHIGH ACRES FL 33936

Title TRUSTEE

Name POHLE- BRISTOL, LARAINÉ

Address 2340 NARCISSUS CT.

City-State-Zip: LEHIGH ACRES FL 33936

Title TRUSTEE

Name JACOBY, RON

Address 10349 CANAL BROOK LANE

City-State-Zip: LEHIGH ACRES FL 33936

Title TRUSTEE

Name BUTLER, ELAINE

Address 4513 VARSITY LAKE CT.

City-State-Zip: LEHIGH ACRES FL 33971

Title TRUSTEE

Name MACKENZIE, DON

Address 1713 WILLIAMS AVE.

City-State-Zip: LEHIGH ACRES FL 33972

Title TRUSTEE

Name CURRIE, ROY

Address 605 DESOTO AVE

City-State-Zip: LEHIGH ACRES FL 33972

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** DOMINIC LEOTTI

TRUSTEE CHAIRPERSON 01/16/2014

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title TRUSTEE  
Name HART, SHARON  
Address 1152 CHEROKEE AVE  
City-State-Zip: LEHIGH ACRES FL 33936