

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N48940

**FILED**  
**Jan 31, 2013**  
**Secretary of State**  
**CC6674791572**

**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**

**01/31/2013**

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 HYMAN, BRUCE  
Address 814 LAMAR ST. E.  
City-State-Zip: LEHIGH ACRES FL 33974

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 LANDES-ROSS, JO ANN  
Address 20037 PETRUCKA CIRCLE N  
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 LEACH, DENNIS  
Address 505 W. HICKPOOCHEE AVE.,  
#200-155  
City-State-Zip: LABELLE FL 33935

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 01/31/2013**

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