FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # 701991

(2)

NORTH FORT MYERS UNITED METHODIST CHURCH, INC.										
Principal Place of Business Mailing Address)) (1 0 1 2 101) 01011	61811 81811 8	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
81 PONDELLA NORTH FT. M	ROAD Yers Fl 33903	81 PONDELLA ROAD NORTH FT. MYERS FL 33903								
						3. Date Incorporated or Qualified 02/06/1961	3s. Dat	9 of Last F 3/02/19	395	
2. Principal Pla 21	ice of Business	2a. Mailing Address 26			4. FEI Number 59-1524295	524295 Not Applicable				
Suite, Apt. #	I, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		- Fee Required		
City & State		City & State				Election Campaign Financing Trust Fund Contribution		Added	May Be to Fees	
Zip 24	Country 25	Zip 29	Country 30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No No				
	9. Name and Address of Curr	ent Registered Agent		041		10. Name and Address of New I	Registered A	gent		
					81 Name					
JOHNSON, REV. M F. 81 PINDELLA ROAD				82 Street Address (P.O. Box Number is Not Acceptal			ble)			
NORTH FORT MYERS FL 33903				83						
				84 City			FL		Code	
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 ag	neot and title if soolicable (fN	IOTE: Registered	Agent signatu	re required v	when reinstating)	DATE			
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTO	RS IN 12	
TITLE	PD	DELETE	1.1 T	ITLE	T			Change	☐ Addition	
NAMÉ	BOSWELL, FRANK		1.2 N	AME						
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STREET ADDRESS				STREET ADDRE	SS					
CITY-ST-ZIP		ad with this files is valuate. It. 4	rniched and	CITY-ST-ZIP	gualifu fo	or the exemption stated in Section 11	9.07(3)/k) Fv	rida Statur	tes. I further	
certify that		annual report or supplemental ar propration or the receiver or trus	nnuai report tee empowi			te and that my signature shall have the report as required by Chapter 617,				

SIGNATURE: THELM A ZEIS

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-96 995-2033 Dete Destine Phone #