1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 701991

NORTH FORT MYERS UNITED METHODIST CHURCH, INC.

Principal Place of Business

81 PONDELLA ROAD NORTH FT. MYERS FL 33903

2. Principal Place of Business

Suite, Apt. #, etc.

21

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

26

81 PONDELLA ROAD NORTH FT. MYERS FL 33903

FILED Jan 22, 1999 8:00am **Secretary of State** 01-22-1999 90066 002 ****61.25



3. Date Incorporated or Qualifed 02/06/1961

4. FEI Number

22	, , ,	27				59-1524295		No	Applicable
City & Sta	& State City & State					5. Certifcate of Status Desired		\$8.75 A	
Zip 24	Country Zip Cou 25 29 30			ntry		Election Campaign Financing Trust Fund Contribution		\$5.00 Added to	
9. Name and Address of Current Registered Agent						10. Name and Address of New	Registered /	Agent	
		•		81	Name				
JOHN VAN HALL				82	Street Addres	ss (P.O. Box Number is Not Accept	able)		
81 PONDELLA RD				\perp			,		
N FT MYERS FL 33903				83		,			
				84	City			85 Zip C	ode
					-		<u>FL</u>		
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.	Signature, typed or printed name of registered age	nt and title if applicable. (NO ID DIRECTORS	TE: Registered A	Agent	signature required v	when reinstating) ADDITIONS/CHANGES TO OF	DATE	DIRECTO	2C IN 12
TITLE	PD	DELETE	1.1 TIT			ADDITIONS/CHANGES TO OF	FICERS AN	Change	Addition
NAME	WILEY, DONALD		1.2 NA					□ onlango	
STREET ADDRESS	64 POMPEN 4 PO				ADDRESS				}
CITY-ST-ZIP	N EXIMEDO E			Y-ST-					Ì
TITLE			2.1 TITL					Change	Addition
NAME	FOSTER, MARVIN		2.2 NAA	ИĖ					_
STREET ADDRESS			2.3 STR	REETA	ADDRESS .	•			
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TITLE			3.1 TITL	Æ				Change	☐ Addition
NAME	MILLER, LORELEI ,			Æ					
STREET ADDRESS	81 PONDELLA ROAD	,	3.3 STR	REET A	NODRESS				
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NAME			5.2 NAM	-					
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CITY-ST-ZIP	**	☐ 6¢;	5.4 CITY 6.1 TITL		ZIP			— a:	
TITLE		☐ D€LETE						☐ Change	☐ Addition
NAME			6.2 NAM		anaras .				
STREET ADDRESS			- 1		DDRESS				
CITY-ST-ZIP	*		6.4 CITY	'-ST-2	ZIP				ļ

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 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 altechment with an address, with all other like empowered.

SIGNATURE:

CRZE037 (11/98)

Applied For