## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # 701991**

1. Entity Name

## NORTH FORT MYERS UNITED METHODIST CHURCH, INC.

## **FILED** Mar 02, 2000 8:00 am Secretary of State 03-02-2000 90016 043 \*\*\*\*61.25

Principal Plac	e of Business	Mailing Address					
81 PONDELLA ROAD NORTH FT. MYERS FL 33903		81 PONDELLA ROAD NORTH FT. MYERS FL 33903-4434			טטטשוטטט		
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State		City & State		4. FEI Numbe	4. FEI Number Applied For Not Applicable		
Zip Country		Zip Country		5. Certificate	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	
JOHN VAN HALL 81 PONDELLA RD N FT MYERS FL 33903  City  North Fort Myers  SIGNATURE Margare F. Ladermann Street Address (P.O. Box Number is Not Acceptable)  35 Palm Frond Ct  North Fort Myers  33903  SIGNATURE Margare F. Ladermann Street Address (P.O. Box Number is Not Acceptable)  35 Palm Frond Ct  North Fort Myers  33903  SIGNATURE Margare F. Ladermann Street Address (P.O. Box Number is Not Acceptable)  35 Palm Frond Ct  North Fort Myers  33903  North Fort Myers  Signature regulated agent, or both, in the state of Florida.							
FILE NOW: FEE IS \$61.25		Election Campaign Financing     Trust Fund Contribution.		\$5.00 May Be Added to Fees	Make Check Department	of State	
10.	OFFICERS AND DIF		11.	ADDITIONS/CHA	ANGES TO OFFICERS AND DI		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD   Wiley, Donald   81 Pondella RD   N. FT.Myers FL	<b>⊠</b> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	PD R. J. Nort 1230 Del P North Fort	h ine <del>Myers, FL 33</del>	<b>⊠</b> Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FOSTER, MARVIN 81 PONDELLA RD 'N. FT. MYERS FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Trees of the Ja	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MILLER, LORELEI 81 PONDELLA ROAD NORTH FT MY	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		A Florida Statutas I further on	Change	Addition

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:

Lorelei Miller REQUICED