

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90016 043 \*\*\*\*61.25

**DOCUMENT # 701991**

1. Entity Name

**NORTH FORT MYERS UNITED METHODIST CHURCH, INC.**

Principal Place of Business

Mailing Address

**81 PONDELLA ROAD  
 NORTH FT. MYERS FL 33903**

**81 PONDELLA ROAD  
 NORTH FT. MYERS FL 33903-4434**

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1524295**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

Zip

Country

Zip

Country

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**

Name

**Margaret Ladermann**

Street Address (P.O. Box Number is Not Acceptable)

**35 Palm Frond Ct.**

City

**North Fort Myers**

**FL**

Zip Code

**33903**

8. 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 *Margaret E Ladermann*

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

*2/23/2000*

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input checked="" type="checkbox"/> Delete	TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILEY, DONALD	NAME	R. J. North
STREET ADDRESS	81 PONDELLA RD	STREET ADDRESS	1230 Del Pine
CITY-ST-ZIP	N. FT. MYERS FL	CITY-ST-ZIP	North Fort Myers, FL 33903
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOSTER, MARVIN	NAME	
STREET ADDRESS	81 PONDELLA RD	STREET ADDRESS	
CITY-ST-ZIP	N. FT. MYERS FL	CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, LORELEI	NAME	
STREET ADDRESS	81 PONDELLA ROAD	STREET ADDRESS	
CITY-ST-ZIP	NORTH FT MY	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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*  
 SIGNATURE REQUIRED

*2/23/2000* 941-995-2852

CR2E037 (9/99)