

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

0045507

**DOCUMENT # 701991**

1. Entity Name

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

04-02-2002 90903 016 \*\*\*\*61.25

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1524295**

Applied For

Not Applicable

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

**MILLER, LORELEI  
1704 W CORAL TERR.  
N FT. MYERS FL 33903**

Name **R. Joan Schmeltz**

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

**15822 Sandy Point Drive**

City

**North Fort Myers**

**FL**

Zip Code  
**33917**

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 **R. JOAN SCHMELTZ**

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

(NOTE: Registered Agent signature required when resigning)

**3/26/02**

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

TITLE **PD** ☒ Delete  
NAME **NORTH, R.J.**  
STREET ADDRESS **1230 DEL PINE**  
CITY-ST-ZIP **FORT MYERS FL 33903**

TITLE **VD** ☐ Change ☒ Addition  
NAME **Scott, Salvatore**  
STREET ADDRESS **3158 Orchard Drive**  
CITY-ST-ZIP **North Fort Myers, FL 33917**

TITLE **VD** ☐ Delete  
NAME **BARFITT, ROBERT**  
STREET ADDRESS **2025 INDIAN CREEK ROAD**  
CITY-ST-ZIP **NORTH FT MYERS FL 33917**

TITLE **PD** ☒ Change ☐ Addition  
NAME **Barfitt, Robert**  
STREET ADDRESS **2025 Indian Creek Road**  
CITY-ST-ZIP **North Fort Myers, FL 33917**

TITLE **STD** ☒ Delete  
NAME **MILLER, LORELEI**  
STREET ADDRESS **81 PONDELLA ROAD**  
CITY-ST-ZIP **NORTH FT MY**

TITLE **STD** ☐ Change ☒ Addition  
NAME **Schmeltz, R. Joan**  
STREET ADDRESS **81 Pondella Road**  
CITY-ST-ZIP **North Fort Myers, FL 33903**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: **R. JOAN SCHMELTZ**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/26/02**

Date

**(239) 995-2852**

Daytime Phone #

CR2E037 (9/01)