

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 14, 2005 8:00 am**  
**Secretary of State**

07-14-2005 90079 030 \*\*\*\*61.25

20063721



<b>DOCUMENT # 701991</b> 1. Entity Name NORTH FORT MYERS UNITED METHODIST CHURCH, INC.					
Principal Place of Business 81 PONDELLA ROAD NORTH FT. MYERS, FL 33903			Mailing Address 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 <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MCWILLIAMS, JANE 13761 WILLOW BRIDGE DR. NORTH FORT MYERS, FL 33903			Name Ellsworth, Dean H.		
			Street Address (P.O. Box Number is Not Acceptable) 528 Avanti Way		
			City N. Ft. Myers		
			FL Zip Code 33917-2914		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <small>Signature, typed or printed name of registered agent and date if applicable.</small>		Dean H. Ellsworth/Treasurer 7/7/05 <small>(NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25</b> <b>Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCWILLIAMS, JANE		NAME	Ellsworth, Dean H.	
STREET ADDRESS	13761 WILLOW BRIDGE DR.		STREET ADDRESS	528 Avanti Way	
CITY-ST-ZIP	NORTH FORT MYERS, FL 33903		CITY-ST-ZIP	N. Ft. Myers, FL 33917-2914	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEMIEUX, ANDRE		NAME	Joseph Michael Carr	
STREET ADDRESS	15564 CRYSTAL LAKE DR.		STREET ADDRESS	105 Powell Creek Circle	
CITY-ST-ZIP	NORTH FT MYERS, FL 33917		CITY-ST-ZIP	N. Ft. Myers, FL 33917	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COWGILL, GENE		NAME	Hunt, James	
STREET ADDRESS	8071 CLEAVES RD.		STREET ADDRESS	19315 Tuckaway Court	
CITY-ST-ZIP	NORTH FORT MYERS, FL 33903		CITY-ST-ZIP	N. Ft. Myers, FL 33903-1245	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Wade, Stella	
STREET ADDRESS			STREET ADDRESS	932 Strongbox Lane	
CITY-ST-ZIP			CITY-ST-ZIP	N. Ft. Myers, FL 33917-2903	
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Dean H. Ellsworth 7/7/05 (239) 995-2852 <small>Date Daytime Phone #</small>			