

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 07, 2006 08:00
Secretary of State

| | | | |
|---|---------------------------------|---|---|
| DOCUMENT # 701991 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 Suite, Apt. #, etc. | | 3. Mailing Address 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 ELLSWORTH, DEAN H. 528 AVANTI WAY NORTH FORT MYERS FL 33917 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 title if applicable (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW. FEE IS \$61.25 Due By September 6, 2006 | | 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 | TITLE | |
| NAME | ELLSWORTH, DEAN H. | NAME | |
| STREET ADDRESS | 528 AVANTI WAY | STREET ADDRESS | |
| CITY - ST - ZIP | NORTH FORT MYERS FL 33917 | CITY - ST - ZIP | |
| | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | PD | TITLE | |
| NAME | CARR, JOSEPH MICHAEL | NAME | |
| STREET ADDRESS | 105 POWELL CREEK CIRCLE | STREET ADDRESS | |
| CITY - ST - ZIP | NORTH FORT MYERS FL 33917 | CITY - ST - ZIP | |
| | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | VD | TITLE | |
| NAME | HUNT, JAMES | NAME | |
| STREET ADDRESS | 19315 TUCKAWAY COURT | STREET ADDRESS | |
| CITY - ST - ZIP | NORTH FORT MYERS FL 33903 | CITY - ST - ZIP | |
| | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | D | TITLE | |
| NAME | WADE, STELLA | NAME | |
| STREET ADDRESS | 932 STRONGBOX LANE | STREET ADDRESS | |
| CITY - ST - ZIP | NORTH FORT MYERS FL 33917 | CITY - ST - ZIP | |
| | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY - ST - ZIP | | CITY - ST - ZIP | |
| | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY - ST - ZIP | | CITY - ST - ZIP | |
| | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Dean H. Ellsworth **DEAN H. ELLSWORTH, TREAS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/24/06 239-995-2852

Date Daytime Phone #