

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90171 048 \*\*\*\*61.25

**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

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

**SCHMELZ, R JOAN  
15822 SANDY POINT DRIVE  
NORTH FORT MYERS FL 33917**

7. Name and Address of New Registered Agent

Name  
**Carolyn J. Smith**

Street Address (P.O. Box Number is Not Acceptable)  
**16900 Slater Rd. #304**

City  
**N. Ft. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Carolyn J. Smith*

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

(NOTE: Registered Agent signature required when reinstating)

February 5, 2003

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
SCOTT, SALVATORE  
3158 ORCHARD DRIVE  
NORTH FORT MYERS FL 33917** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**STD  
SCHMELZ, R JOAN  
81 PONDELLA ROAD  
NORTH FORT MYERS FL 33903** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**STD  
Carolyn J. Smith  
16900 Slater Rd. #304  
N. Ft. Myers, FL. 33917** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE  
NAME  
STREET ADDRESS  
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☐ Change ☐ Addition

CR2E037 (10/02)

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:

*Carolyn J. Smith*

February 5, 2003