

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 706211 (0)

1. Corporation Name

FIRST UNITED METHODIST CHURCH OF FORT MYERS, INC



Principal Place of Business

Mailing Address

2466 FIRST ST
FORT MYERS FL 33901

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FORT MYERS FL 33901

3. Date Incorporated or Qualified **09/26/1963** 3a. Date of Last Report **03/07/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-0725540		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
23		28					
24	Zip	25	Country	29	Zip	30	Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KNAPP, GEORGE
1338 WALDEN DR
FT MYERS FL 33901

81	Name	Laura A. Shue	
82	Street Address (P.O. Box Number is Not Acceptable)	2466 First Street	
83			
84	City	Fort Myers	85 Zip Code FL 33901

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Laura A. Shue **Laura A. Shue - Treasurer** **3-11-96**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VC <input type="checkbox"/> DELETE	1.1 TITLE	C <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODYEAR, JAMES G.	1.2 NAME	John Noland
STREET ADDRESS	1784 AUGUSTA DR #104	1.3 STREET ADDRESS	1410 Olmeada Way
CITY-ST-ZIP	FORT MYERS FL	1.4 CITY-ST-ZIP	Fort Myers, Florida 33901
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNAPP, GEORGE	2.2 NAME	Laura A. Shue
STREET ADDRESS	1338 WALDEN DR	2.3 STREET ADDRESS	2466 First Street
CITY-ST-ZIP	N. FORT MYERS FL	2.4 CITY-ST-ZIP	Fort Myers, Florida 33901
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	Same <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOFFMANN, WINNIFRED	3.2 NAME	400001744054
STREET ADDRESS	15450 SWEETWATER CT SE	3.3 STREET ADDRESS	-03/15/96--01018--014
CITY-ST-ZIP	FORT MYERS FL	3.4 CITY-ST-ZIP	***61.25
TITLE	C <input type="checkbox"/> DELETE	4.1 TITLE	VC <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOLAND, JOHN	4.2 NAME	James G. Goodyear
STREET ADDRESS	1410 OLMEADA WAY	4.3 STREET ADDRESS	1021 LaPaloma Blvd.
CITY-ST-ZIP	FT MYERS FL	4.4 CITY-ST-ZIP	N. Fort Myers, Florida 33903
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	Same <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, ERNEST	5.2 NAME	
STREET ADDRESS	2144 STELLA ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	5.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	6.1 TITLE	Same <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNYDER, FLORAYNE	6.2 NAME	
STREET ADDRESS	14703 TRIPLE EAGLE CT	6.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Florayne Snyder Sec. Trustee **2-27-96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **96-2-44-96**

CR2E037 (12/95)