

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 02 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
-------------------------------------------------------	-----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

**DOCUMENT # 706211 (0)**  
1. Corporation Name  
**FIRST UNITED METHODIST CHURCH OF FORT MYERS, INC**



Principal Place of Business <b>2466 FIRST ST FORT MYERS FL 33901</b>	Mailing Address <b>2466 FIRST ST FORT MYERS FL 33901-2940</b>
-----------------------------------------------------------------------------	----------------------------------------------------------------------

3. Date Incorporated or Qualified <b>09/26/1963</b>	3a. Date of Last Report <b>03/14/1996</b>
4. FEI Number <b>59-0725540</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

**9. Name and Address of Current Registered Agent**  
**SHUE, LAURA A  
2466 FIRST ST  
FORT MYERS FL 33901**

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City <b>FL</b> <b>85</b> Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

TITLE	VC	<input type="checkbox"/> DELETE
NAME	GOODYEAR, JAMES G.	
STREET ADDRESS	1784 AUGUSTA DR #104	
CITY-ST-ZIP	FORT MYERS FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SHUE, LAURA A	
STREET ADDRESS	2466 FIRST ST	
CITY-ST-ZIP	FORT MYERS FL 33901	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOFFMANN, WINNIFRED	
STREET ADDRESS	15450 SWEETWATER CT SE	
CITY-ST-ZIP	FORT MYERS FL	
TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	NOLAND, JOHN	
STREET ADDRESS	1410 OLMEDA WAY	
CITY-ST-ZIP	FT-MYERS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HALL, ERNEST	
STREET ADDRESS	2144 STELLA ST	
CITY-ST-ZIP	FT-MYERS FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SNYDER, FLORAYNE	
STREET ADDRESS	14703 TRIPLE EAGLE CT	
CITY-ST-ZIP	FORT MYERS FL	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	C	Mrs. Margaret Atkinson	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		1542 Argyle Drive	
1.3 STREET ADDRESS		Fort Myers, Florida 33919	
1.4 CITY-ST-ZIP			
2.1 TITLE	Secr.	Mrs. Diana McGee	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	S.D	1235 Logan Lane	<input checked="" type="checkbox"/> XX
2.3 STREET ADDRESS		Fort Myers, Florida 33919	
2.4 CITY-ST-ZIP			
3.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	D	Doug Waldorf	<input checked="" type="checkbox"/> XX Change <input type="checkbox"/> Addition
4.2 NAME		3949 W. Riverside Drive	
4.3 STREET ADDRESS		Fort Myers, Florida 33901	
4.4 CITY-ST-ZIP			
5.1 TITLE	D	Fred VanVorce	<input checked="" type="checkbox"/> XX Change <input type="checkbox"/> Addition
5.2 NAME		29 Fletcher Drive	
5.3 STREET ADDRESS		N. Fort Myers, Fl 33903	
5.4 CITY-ST-ZIP			
6.1 TITLE	D	George Coryell	<input checked="" type="checkbox"/> XX Change <input type="checkbox"/> Addition
6.2 NAME		5583 Buring Court	
6.3 STREET ADDRESS		Fort Myers, Fl 33919	
6.4 CITY-ST-ZIP			

14. I do 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 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.

CR2E037 (9/96)