

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 15 1998 8:00am
Secretary of State



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

NONPROFIT CORPORATION
ANNUAL REPORT
1998

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



Principal Place of Business Mailing Address
2486 FIRST ST FORT MYERS FL 33901 **2486 FIRST ST FORT MYERS FL 33901**

3. Date Incorporated or Qualified
09/26/1963

4. FEI Number **59-0725540** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent
**SHUE, LAURA A
2486 FIRST ST
FORT MYERS FL 33901**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VC <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOODYEAR, JAMES G.	1.2 NAME	D Fred VanVorce
STREET ADDRESS	1784 AUGUSTA DR #104	1.3 STREET ADDRESS	29 Fletcher Dr. N/E
CITY-ST-ZIP	FORT MYERS FL	1.4 CITY-ST-ZIP	N Ft. Myers, Fl 33903
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHUE, LAURA A	2.2 NAME	George Coryell
STREET ADDRESS	2486 FIRST ST	2.3 STREET ADDRESS	5583 Buring Ct. S/W
CITY-ST-ZIP	FORT MYERS FL 33901	2.4 CITY-ST-ZIP	Ft. Myers, FL 33919
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOFFMANN, WINNFRED	3.2 NAME	Cory Lee
STREET ADDRESS	15450 SWEETWATER CT SE	3.3 STREET ADDRESS	1431 Collins Rd.
CITY-ST-ZIP	FORT MYERS FL	3.4 CITY-ST-ZIP	Ft. Myers, FL 33919
TITLE	C <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ATKINSON, MARGARET	4.2 NAME	Roland Palmer
STREET ADDRESS	1542 ARGYLE DR	4.3 STREET ADDRESS	105 Little Grove Lane
CITY-ST-ZIP	FT MYERS FL	4.4 CITY-ST-ZIP	N. Ft. Myers, FL 33917
TITLE	SD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	VC <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCGEE, DIANA	5.2 NAME	Howard Lang
STREET ADDRESS	1235 LOGAN LANE	5.3 STREET ADDRESS	1704 St. Clair Ave.
CITY-ST-ZIP	FT MYERS FL	5.4 CITY-ST-ZIP	N Ft. Myers, FL 33903
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALDORF, DOUG	6.2 NAME	Al Longman
STREET ADDRESS	3949 W RIVERSIDE DRIVE	6.3 STREET ADDRESS	2665 McGregor Blvd.
CITY-ST-ZIP	FT MYERS FL	6.4 CITY-ST-ZIP	Ft. Myers, FL 33901

14. 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 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: *George Coryell* **GEORGE CORYELL** 4/7/98 (941) 332-1152

CR2E037 (10/97)