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Mar 26, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 706211
 1. Corporation Name
FIRST UNITED METHODIST CHURCH OF FORT MYERS, INC

Principal Place of Business 2466 FIRST ST FORT MYERS FL 33901	Mailing Address 2466 FIRST ST FORT MYERS FL 33901
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 09/26/1963	4. FEI Number 59-0725540 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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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 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code			
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANVORCE, FRED	1.2 NAME	Atkinson, Margaret
STREET ADDRESS	29 FLETCHER DRIVE	1.3 STREET ADDRESS	1542 Argyle Drive
CITY-ST-ZIP	NORTH FT MYERS FL 33903	1.4 CITY-ST-ZIP	Fort Myers, FL 33901
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORYELL, GEORGE	2.2 NAME	Coryell, George
STREET ADDRESS	5583 BURNING CT S W	2.3 STREET ADDRESS	5583 Burning Ct. SW
CITY-ST-ZIP	FT MYERS FL 33919	2.4 CITY-ST-ZIP	Fort Myers, FL 33919
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEE, CORY	3.2 NAME	Bechtol, Herbert
STREET ADDRESS	1431 COLLINS RD	3.3 STREET ADDRESS	1805 Marina Circle
CITY-ST-ZIP	FT MYERS FL 33919	3.4 CITY-ST-ZIP	North Fort Myers, FL 33903
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	VC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALMER, ROLAND	4.2 NAME	Palmer, Roland
STREET ADDRESS	105 LITTLE GROVE LANE	4.3 STREET ADDRESS	105 Little Grove Lane
CITY-ST-ZIP	N FT MYERS FL 33917	4.4 CITY-ST-ZIP	North Fort Myers, FL 33917
TITLE	VC <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LANG, HOWARD	5.2 NAME	Kennedy, Carol
STREET ADDRESS	1704 ST CLAIR AVE	5.3 STREET ADDRESS	River Forest
CITY-ST-ZIP	NORTH FT MYERS FL 33903	5.4 CITY-ST-ZIP	Fort Myers, FL 33905
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LONGMAN, AL	6.2 NAME	McGee, Matthew
STREET ADDRESS	2665 MCGREGOR BLVD	6.3 STREET ADDRESS	1031 Elmar Avenue
CITY-ST-ZIP	FT MYERS FL 33901	6.4 CITY-ST-ZIP	Fort Myers, FL 33919

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Laura A Shue 3/19/99 (941) 332-1152
Signature and typed or printed name of signing officer or director Date Daytime Phone #

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CR2E037 (1/1/98)