

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 706211

1. Entity Name

FIRST UNITED METHODIST CHURCH OF FORT MYERS, INC

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90236 010 ****61.25

| | |
|--------------------------------------|--|
| Principal Place of Business | Mailing Address |
| 2466 FIRST ST FORT MYERS FL 33901 | 2466 FIRST ST FORT MYERS FLA 33901-2940 |



DO NOT WRITE IN THIS SPACE

| | | | |
|--------------------------------|---------|---------------------|---------|
| 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 | Applied For |
| 59-0725540 | <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

SHUE, LAURA A
 2466 FIRST ST
 FORT MYERS FL 33901

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

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.

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

**FILE NOW:
 FEE IS \$61.25**

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

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------|--|
| TITLE | SD | <input checked="" type="checkbox"/> Delete |
| NAME | ATKINSON, MARGARET | |
| STREET ADDRESS | 1542 ARGYLE DR. | |
| CITY-ST-ZIP | NORTH FT MYERS FL 33901 | |
| TITLE | C | <input checked="" type="checkbox"/> Delete |
| NAME | CORYELL, GEORGE | |
| STREET ADDRESS | 5583 BURNING CT S W | |
| CITY-ST-ZIP | FT MYERS FL 33919 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | LEE, CORY | |
| STREET ADDRESS | 1431 COLLINS RD | |
| CITY-ST-ZIP | FT MYERS FL 33919 | |
| TITLE | VC | <input type="checkbox"/> Delete |
| NAME | PALMER, ROLAND | |
| STREET ADDRESS | 105 LITTLE GROVE LANE | |
| CITY-ST-ZIP | N FT MYERS FL 33917 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | KENNEDY, CAROL | |
| STREET ADDRESS | RIVER FOREST | |
| CITY-ST-ZIP | NORTH FT MYERS FL 33905 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MCGEE, MATTHEW | |
| STREET ADDRESS | 1031 ELMAR AVE | |
| CITY-ST-ZIP | FT MYERS FL 33919 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|----------------------------|--|
| TITLE | C | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Franklin Lott | |
| STREET ADDRESS | 1674 Menlo Road | |
| CITY-ST-ZIP | Fort Myers, FL 33901 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Herbert Bectol | |
| STREET ADDRESS | 1805 Marina Circle | |
| CITY-ST-ZIP | North Fort Myers, FL 33903 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: SIGNATURE REQUIRED **4/12/00** **(941) 332-1152**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)