

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 09, 2001 8:00 am
Secretary of State

03-09-2001 90486 011 ****61.25

0068202

DOCUMENT # 706211

1. Entity 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

120140



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0725540

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHUE, LAURA A
2466 FIRST ST
FORT MYERS FL 33901

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME Delete
C
LOTT, FRANKLIN
 STREET ADDRESS **1674 MENLO RD**
 CITY-ST-ZIP **FORT MYERS FL 33901**

TITLE NAME Change Addition
D
Ann Fuller
 STREET ADDRESS **1608-3 Park Meadows Dr.**
 CITY-ST-ZIP **Fort Myers, FL 33907**

TITLE NAME Delete
D
BECTOL, HERBERT
 STREET ADDRESS **1805 NARINA CIR**
 CITY-ST-ZIP **FORT MYERS FL 33903**

TITLE NAME Change Addition
D
Joe Bedingfield
 STREET ADDRESS **1469 Tredegar Drive**
 CITY-ST-ZIP **Fort Myers, FL 33919**

TITLE NAME Delete
VC
PALMER, ROLAND
 STREET ADDRESS **105 LITTLE GROVE LANE**
 CITY-ST-ZIP **N FT MYERS FL 33917**

TITLE NAME Change Addition
D
Sara Davis
 STREET ADDRESS **1640 Daniels Drive**
 CITY-ST-ZIP **North Fort Myers, FL 33917**

TITLE NAME Delete
D
KENNEDY, CAROL
 STREET ADDRESS **RIVER FOREST**
 CITY-ST-ZIP **NORTH FT MYERS FL 33905**

TITLE NAME Change Addition
D
Wells Moon
 STREET ADDRESS **1729 Cascade Way**
 CITY-ST-ZIP **North Fort Myers, FL 33917**

TITLE NAME Delete
D
MCGEE, MATTHEW
 STREET ADDRESS **1031 ELMAR AVE**
 CITY-ST-ZIP **FT MYERS FL 33919**

TITLE NAME Change Addition
D
George Austin
 STREET ADDRESS **P. O. Drawer 8**
 CITY-ST-ZIP **Alva, FL 33920**

TITLE NAME Delete
 Ann Fuller
 STREET ADDRESS 1608 -3 Park Meadows Dr.
 CITY-ST-ZIP Fort Myers, FL 33907

TITLE NAME Change Addition

 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)(i), 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* **Laura A. Shue** **2/27/01** **(941) 332-1152**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)