

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90098 019 ****61.25

DOCUMENT # 706211

1. Entity Name

FIRST UNITED METHODIST CHURCH OF FORT MYERS, INC

Principal Place of Business

Mailing Address

**2466 FIRST ST
FORT MYERS FL 33901**

**2466 FIRST ST
FORT MYERS FL 33901**

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

59-0725540

Applied For

Not Applicable

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Austin, A George
P. O. Drawer 88
Alva, FL 33920** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FULLER, ANN
1608-3 PARK MEADOWS DRIVE
FORT MYERS FL 33907** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Thomson, Brig
904 Via LaPaz
North Fort Myers, FL 33903** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BEDINGFIELD, JOE
1469 TREDEGAR DRIVE
FORT MYERS FL 33919** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Shahan, Garnet
183 Sun Circle
Fort Myers, FL 33905** ☐ Change ☒ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Jensen, Bert
1751 Maple Avenue
Fort Myers, FL 33901** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DAVIS, SARA
1640 DANIELS DRIVE
FORT MYERS FL 33917** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
Shue, Laura
2466 First Street
Fort Myers, FL 33901** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MOON, WELLS
1729 CASCADE WAY
FORT MYERS FL 33917** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Shue, Laura A. Shue 2/10/02 (941) 332-1152

Date

Daytime Phone #

CR2E037 (9/01)