


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90017 050 ****61.25

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	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

34026301



MOORE CR2E037 (11/03)

4. FEI Number 59-0725540		Applied For <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		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. I am familiar with, and accept the obligations of registered agent.

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 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	COOK, STEVEN			NAME	JENSEN, BERT		
STREET ADDRESS	5001 TICE ST			STREET ADDRESS	1751 MAPLE AVENUE		
CITY-ST-ZIP	FORT MYERS FL 33905			CITY-ST-ZIP	FORT MYERS, FL 33991		
TITLE	D	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JOHNSON, MICHAEL(GARY)			NAME	JOHNSTON, MICHAEL (CORY)		
STREET ADDRESS	1317 SW 4TH CT			STREET ADDRESS	1317 SW 4th CT		
CITY-ST-ZIP	CAPE CORAL FL 33991			CITY-ST-ZIP	CAPE CORAL, FL 33991		
TITLE	D	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	WINNIFRED, HOFFMAN			NAME	Shahan, Garnet		
STREET ADDRESS	6577-HIGHLAND PINES CIR			STREET ADDRESS	191 Sun Circle		
CITY-ST-ZIP	FORT MYERS FL 33912			CITY-ST-ZIP	Fort Myers, FL 33905		
TITLE	C	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	AUSTIN, GEORGE			NAME			
STREET ADDRESS	PO BOX DRAWER 88			STREET ADDRESS			
CITY-ST-ZIP	ALVA FL 33920			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DAVIS, SARA			NAME			
STREET ADDRESS	1640 DANIELS DRIVE			STREET ADDRESS			
CITY-ST-ZIP	FORT MYERS FL 33917			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MOON, WELLS			NAME			
STREET ADDRESS	1729 CASCADE WAY			STREET ADDRESS			
CITY-ST-ZIP	FORT MYERS FL 33917			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: *Laura A. Shue* Laura A. Shue, Treasurer 4/1/04 (239) 332-1152
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #