


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90179 005 \*\*\*\*61.50

|   |         |   |         |
|---|---------|---|---------|
| <b>DOCUMENT # 706211</b>  |         |  |         |
| 1. Entity Name<br><b>FIRST UNITED METHODIST CHURCH OF FORT MYERS, INC.</b>  |         |   |         |
| Principal Place of Business<br><b>2466 FIRST ST<br/>FORT MYERS FL 33901</b> |         | Mailing Address<br><b>2466 FIRST ST<br/>FORT MYERS FL 33901</b>                   |         |
| 2. Principal Place of Business  |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.   |         | Suite, Apt. #, etc.   |         |
| City & State  |         | City & State  |         |
| Zip   | Country | Zip   | Country |



1st MOORE CR2E037 (10/05)

|   |  |   |  |
|---|--|---|--|
| 4. FEI Number<br><b>59-0725540</b>  |  | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  | <b>\$8.75</b> Additional Fee Required   |  |
| 6. Name and Address of Current Registered Agent<br><b>Shue, Laura A</b><br><b>SHUE, LAURA A Daley, Betty</b><br><b>2466 FIRST ST</b><br><b>FORT MYERS FL 33901</b>  |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____  |  |   |  |

|  |  |  |
|--|--|--|
| <b>FILE NOW: FEE IS \$61.25</b><br><b>Due By May 1, 2006</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees | <b>Make Check Payable to</b><br><b>Florida Department of State</b> |
|--|--|--|

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>COOK, STEVEN<br>5001 TICE ST<br>FORT MYERS FL 33905 <input checked="" type="checkbox"/> Delete                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D<br>Johnson, Dennis<br>5972 Milne Circle<br>North Fort Myers, FL 33903 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>JACKIMOWICZ, EDWARD<br>2051 BROOKLAWN DR<br>NORTH FORT MYERS FL 33917 <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D<br>Bowen, Earl<br>1904 Collier Avenue<br>Fort Myers, FL 33901 <input type="checkbox"/> Change <input type="checkbox"/> Addition         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>WINNIFRED, HOFFMAN<br>6577 HIGHLAND PINES CIR<br>FORT MYERS FL 33912 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | C<br>AUSTIN, GEORGE<br>PO BOX DRAWER 88<br>ALVA FL 33920 <input type="checkbox"/> Delete                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>WOOD, ROBERT<br>5602 FOXLAKE DR<br>NORTH FORT MYERS FL 33917 <input checked="" type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>CEILLEY, BETH<br>1215 LOGAN LANE<br>FORT MYERS FL 33919 <input type="checkbox"/> Delete                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 registered agent 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:** *Betty Daley, Administrative Assistant 3/27/06* 239-332-1152