


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90014 017 ****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 - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 59-0725540 | |
| Zip | | Country | | 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 | | | Name | | |
| Street Address (P.O. Box Number is Not Acceptable) | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| City | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ | | | | | |
| FILE NOW: FEE IS \$61.25 Due By May 1, 2007 | | 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 | | | | | |
| 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 | JOHNSON, DENNIS | NAME | Frank Lott | | |
| STREET ADDRESS | 5972 MILNE CIRCLE | STREET ADDRESS | 1674 Maple Road | | |
| CITY- ST- ZIP | NORTH FORT MYERS FL 33903 | CITY- ST- ZIP | Fort Myers, FL 33901 | | |
| TITLE | D <input checked="" type="checkbox"/> Delete | TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| NAME | JACKIMOWICZ, EDWARD | NAME | Fred Schilffarth | | |
| STREET ADDRESS | 2051 BROOKLAWN DR | STREET ADDRESS | 15508 Crystal Lake Dr | | |
| CITY- ST- ZIP | NORTH FORT MYERS FL 33917 | CITY- ST- ZIP | North Fort Myers, FL 33917 | | |
| TITLE | D <input checked="" type="checkbox"/> Delete | TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| NAME | BOWEN, EARL | NAME | Ronald King | | |
| STREET ADDRESS | 1904 COLLIER AVE | STREET ADDRESS | 2324 Unity Street | | |
| CITY- ST- ZIP | FORT MYERS FL 33901 | CITY- ST- ZIP | Fort Myers, FL 33901 | | |
| TITLE | C <input type="checkbox"/> Delete | TITLE | C <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| NAME | AUSTIN, GEORGE | NAME | F. Allen Prather | | |
| STREET ADDRESS | PO BOX DRAWER 88 | STREET ADDRESS | 619 Sunnyside Court | | |
| CITY- ST- ZIP | ALVA FL 33920 | CITY- ST- ZIP | Fort Myers, FL 33919 | | |
| TITLE | D <input checked="" type="checkbox"/> Delete | TITLE | T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| NAME | CEILLEY, BETH | NAME | Laura A. Shue | | |
| STREET ADDRESS | 1215 LOGAN LANE | STREET ADDRESS | 11661 Spoonbill Ln | | |
| CITY- ST- ZIP | FORT MYERS FL 33919 | CITY- ST- ZIP | Fort Myers, FL 33913 | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | C <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| NAME | | NAME | John Nolan | | |
| STREET ADDRESS | | STREET ADDRESS | 1410 Olmeda Way | | |
| CITY- ST- ZIP | | CITY- ST- ZIP | Fort Myers, FL 33901 | | |



1st MOORE CR2E037 (10/06)

SIGNATURE:

Laura A. Shue Treasurer
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/07
 Date

239-332-1152
 Daytime Phone #

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 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.