

**706211**

**The articles of Incorporation filed on  
September 26, 1963, and a Name Change  
Amendments filed February 17, 1972 for  
First United Methodist Church of Fort  
Myers, Inc., are missing from microfilm.**

400269053784

**MARGARET V. FREEMAN  
CERTIFICATION SECTION**

2/02/15

CORPORATE DETAIL RECORD SCREEN

11:10 AM

NUM: 706211 ST:FL ACTIVE/FL NON-PROF FLD: 09/26/1963

LAST: AMENDMENT FLD: 09/10/2012

FEI#: 59-0725540

NAME : FIRST UNITED METHODIST CHURCH OF FORT MYERS, INC.

NH: 1

PRINCIPAL: 2466 FIRST ST CHANGED: 04/18/00

ADDRESS FORT MYERS, FL 33901

RA NAME : SONNE, MARY NAME CHG: 06/16/10

RA ADDR : 14400 ORANGE RIVER BLVD ADDR CHG: 06/16/10

FT MYERS, FL 33905 US

ANN REP : (2012) W 02/21/12 (2013) W 04/12/13 (2014) W 03/04/14

1. MENU, 3. OFFICERS, 4. EVENTS, 6. NAMES

ENTER SELECTION AND CR:

2/02/15

EVENT DETAIL SCREEN

10:52 AM

CORP NUMBER: 706211

CORP STATUS: ACTIVE

FILED DATE : 09/26/1963

CORP NAME : FIRST UNITED METHODIST CHURCH OF FORT MYERS, INC.

EVENT TYPE	FILED DATE	EFFECTIVE DATE	DESCRIPTION
AMENDMENT	09/10/2012		
NAME CHANGE AMENDMENT	02/17/1972		OLD NAME WAS : FIRST METHODIST CHURCH OF FORT MYERS INC

+ NEXT, 1. MENU, 2. FILING, 3. OFFICERS, 4. TOP, 6. NAMES

ENTER SELECTION AND CR:

# CORPORATION ANNUAL REPORT

FEB 2-76 1 0604 111 445 07

15/ ~~PROFIT CORP~~  
16/ ~~PROFIT CORP~~  
17/ NO FEE TO  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
THE CAPITOL  
TALLAHASSEE, FLORIDA

DELINQUENT—JULY 1 VALIDATION AREA - DO NOT WRITE IN THIS SPACE

1 CHARTER NUMBER: **705211** 2 **07/26/1963** 3 BICC SEE ENVELOPE BACK **3661**  
 4 FED EMPLOYER ID NO: **05-0002707** 5a CHANGE TO:  
 6a CHANGE TO:

1975 YEAR OF LAST REPORT FILED IN THIS OFFICE  
 1976 YEARS THIS REPORT COVERS

5 FIRST UNITED METHODIST CHURCH OF FORT MYERS, INC.  
 EXACT NAME

**PLEASE READ INSTRUCTIONS ON BACK**

6 706211  
 ADDRESS FIRST METHODIST CHURCH OF FT MYERS INC  
 2460 FIRST ST  
 FORT MYERS FLA 33901

6a STREET ADDRESS CHANGE

7 BARBER, LEWIS D  
 1730 BRAMAN AVE  
 FT MYERS, FL 33901  
 REGISTERED AGENT AND STREET ADDRESS

7a REGISTERED AGENT NAME CHANGE AND/OR ADDRESS CHANGE INCLUDE REGISTERED OFFICE ADDRESS

8 TYPE CORRECTIONS IN SPACE PROVIDED BELOW STRIKE THROUGH INCORRECT ENTRIES CORRECTIONS MUST BE LEGIBLE NAMES OF ALL OFFICERS AND DIRECTORS	STREET ADDRESS	CITY / STATE	TITLES MUST BE SHOWN
<del>XXXXXXXXXXXX</del>		<del>FT MYERS, FL</del>	<del>PRES. DIR</del>
REAVES, HERBERT B	1445 El Prado Ave.	FT MYERS, FL	PRES DIR
<del>XXXXXXXXXXXXXXXXXXXXXXXX</del> Roberts, Joe B.	331 Royal Palm Park Rd.	FT MYERS, FL	SEC TRES
HART, THOMAS H	3505 Hibiscus Drive	FT MYERS, FL	DIR V P
BARBER, LEWIS	1230 Braman Avenue	Ft. Myers, FL	DIR

DO NOT WRITE IN THIS SPACE FOR DIVISION USE ONLY

6/1/76

I CERTIFY THAT I AM AN OFFICER OF THIS CORPORATION EMPOWERED TO EXECUTE THIS REPORT AS REQUIRED BY CHAPTER 607, FLORIDA STATUTES. I FURTHER CERTIFY THAT I UNDERSTAND MY SIGNATURE ON THIS REPORT SHALL HAVE THE SAME LEGAL EFFECT AS IF MADE UNDER OATH.

SIGNATURE *Thome M. Shoop*  
 TITLE *Minister* TEL. NO. *332-1152*  
 DATE *Feb. 17, 1976*

CORP-ARTS

corp-32

NP # 6211

FIRST UNITED METHODIST CHURCH OF FORT MYERS, INC

(X) New Corporation ( ) Reincorporation ( ) Amendment (\$617.02)

Filed: Sept. 26, 1963 By: Henderson, Franklin, Starnes & Holt, Ft. Myers, Fla.

ORIGINAL NAME: FIRST METHODIST CHURCH OF FORT MYERS, INC.

(a) R. Agent filed 10/15/63.

(b-c) Non-profit Corp. Rpt. filed for yrs. 1964 and 1965.

(d) Amend auth pres name, filed 2/17/72.

SEE IMPORTANT DISSOLUTION NOTICE ON OTHER SIDE



Bruce A. Smathers  
Secretary of State  
Form COR 620

STATE OF FLORIDA  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
CORPORATION ANNUAL REPORT  
1977

THIS REPORT MUST BE ACCOMPANIED BY THE \$6 FEE

do not write  
in shaded areas

▶ READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRIES ◀

1. Name and Address of Corporation Principal Office:		2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient.	
<input type="checkbox"/> 706211 FIRST UNITED METHODIST CHURCH OF FORT MYERS 2466 FIRST ST FORT MYERS FLA 33901		Street Address	
		P.O. Box No.	
		City	
If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code.		State	
		Zip Code	

3. Date Incorporated or Qualified To Do Business in Florida	09/26/1963	4. Federal Employer Identification Number (FEIN)	05-0002707	5. Date of Last Report	1976
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6. Names and Street Addresses of Each Officer and Director					
Names of Officers or Directors	Title	Director (x)	Street Address of Each Officer and Director (Do NOT Use Post Office Box Number)	City and State	
REAVES, HERBERT B.	PRES	DIR	1445 EL PRADO AVE.	FT MYERS, FL	
HART, THOMAS		DIR	3505 HIBISCUS DRIVE	FT MYERS, FL	
ROBERTS, JOE B.		SEC	321 ROYAL PALM PK RD.	FT MYERS, FL	
BARBER, LEWIS		DIR	1230 BRAMAN AVE.	FT MYERS, FL	

7. Registered Agent Information	Name	BARBER, LEWIS B	Street Address (Do NOT Use P.O. Box Number)	1230 BRAMAN AVE
	City, State and Zip Code	FT MYERS, FL 33901		
	Name		Street Address (Do NOT Use P.O. Box Number)	
	City, State and Zip Code			

8. An officer of the Corporation must sign this report. This report must be signed by one of the following: The President, Vice President, Secretary, Assistant Secretary or Treasurer or if the Corporation is in the hands of a receiver or trustee, shall be executed on behalf of the Corporation by the receiver or trustee.

No Other Titles Will Be Accepted, Your Report Will Be Returned If It Does NOT Bear An Authorized Signature.

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I Further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effect As If Made Under Oath.

Typed Name of Signing Officer	Title	Telephone Number
Herbert B. Reaves	Pres/Dir	334-0268
Signature	Date	
<i>Herbert B. Reaves</i>	Jan 20, 1977	

THIS REPORT MUST BE ACCOMPANIED BY THE \$6 FEE

THE FILING FEE FOR THE 1978 ANNUAL REPORT IS \$10.

STATE OF FLORIDA  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
**CORPORATION ANNUAL REPORT**  
**1978**



Bruce A. Smathers  
Secretary of State

do not write  
in shaded areas

THIS REPORT MUST BE ACCOMPANIED BY A \$10 FEE (Form COR 620) 12-1-77

▶ READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRIES ◀

1. Name and Address of Corporation Principal Officer:

706211 FIRST UNITED  
METHODIST CHURCH OF FORT MYERS  
2466 FIRST ST  
FORT MYERS FLA 33901

If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code.

2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient.

Street Address

P.O. Box No.

City

State

Zip Code

Date Incorp. voted or Qualified To Do Business in Florida

09/26/1963

4. Federal Employer Identification Number (FEIN)

05-0002707

5. Date of Last Report

1977

Names and Street Addresses of Each Officer and Director

Names of Officers and Directors	Title	Director (x)	Street Address of Each Officer and Director (Do NOT Use Post Office Box Number)	City and State
REAVES, HERBERT B.	PRES DIR	X	1445 EL PRADO AVE.	FT MYERS, FL
HART, THOMAS	DIR		3505 HIBISCUS DRIVE	FT MYERS, FL
ROBERTS, JOE B.	SEC		331 ROYAL PALM PK RD.	FT MYERS, FL
<del>BARBER, LEWIS</del>	<del>DIR</del>		<del>1230 BRAHAM AVE.</del>	<del>FT MYERS, FL</del>
NASH, PORTER	V.P.	X	1618 LLEWELLYN DR.	FT. MYERS, FLA.

7. Registered Agent Information

Name: BARBER, LEWIS B

Street Address (Do NOT Use P.O. Box Number): 1230 BRAHAM AVE

City, State and Zip Code: FT MYERS, FL 33901

If you wish to change Registered Agent on this form, enter all new information here ▶

Name: \_\_\_\_\_  
City, State and Zip Code: \_\_\_\_\_

Street Address (Do NOT Use P.O. Box Number): \_\_\_\_\_

8. An officer of the Corporation must sign this report. This report must be signed by one of the following: The President, Vice President, Secretary, Assistant Secretary or Treasurer or if the Corporation is in the hands of a receiver or trustee, shall be executed on behalf of the Corporation by the receiver or trustee.

No Other Titles Will Be Accepted, Your Report Will Be Returned If It Does NOT Bear An Authorized Signature.

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 807 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effect As if Made Under Oath.

Typed Name of Signing Officer

JOE B. ROBERTS

Title

SECT.

Telephone Number

(813) 332-1257

Signature


*Joe B. Roberts*

Date

1-9-78

NOTE: THE FILING FEE FOR THE 1978 ANNUAL REPORT IS \$10.

THE FILING FEE FOR THE 1979 ANNUAL REPORT IS \$10.

<p>CORPORATION ANNUAL REPORT</p>		<p>STATE OF FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS May 14 12 12 AM 1979 FLORIDA BUREAU OF STATE CORPORATIONS DIVISION TALLAHASSEE, FLORIDA</p>	<p>DO NOT WRITE IN THIS SPACE</p>
<p>1979 THIS REPORT MUST BE ACCOMPANIED BY</p>			

READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRIES

<p>1. Name and Address of Corporation Principal Office.</p>	<p>2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient.</p>
<p>706211 FIRST METHODIST CHURCH OF FT MYERS INC 2466 FIRST ST FORT MYERS FLA 33901</p>	<p>Street Address P.O. Box No. City State Zip Code</p>
<p>If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code.</p>	

<p>3. Date Incorporated or Qualified To Do Business in Florida</p>	<p>9/26/1963</p>	<p>4. Federal Employer Identification Number (FEIN)</p>	<p>05-0002707</p>	<p>5. Date of Last Report</p>	<p>1978</p>
<p>6. Names and Street Addresses of Each Officer and Director</p>					


Name of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Number)	City and State
NASH, PORTER	P/D	1818 Llewellyn Dr.	FT MYERS, FL
<del>RAY, ROBERT S.</del>	<del>P/D</del>	<del>1227 E. 24th St.</del>	<del>FT MYERS, FL</del>
MILLER, T. RAY	V/D	333 New York Dr.	FT MYERS, FL
<del>HART, THOMAS</del>	<del>D</del>	<del>3505 HIBISCUS DR</del>	<del>FT MYERS, FL</del>
HARRIS, RAE	S	1824 Hanson St.	FT MYERS, FL
<del>HART, THOMAS</del>	<del>D</del>	<del>3505 HIBISCUS DR</del>	<del>FT MYERS, FL</del>

<p>7. Registered Agent Information</p>	<p>If you wish to change Registered Agent on this form, enter all new information below</p>
<p>Name BAREER, LEWIS B Street Address (Do NOT Use P.O. Box Number) 1230 BRAMAN AVE City, State and Zip Code FT MYERS, FL 33901</p>	<p>Name Street Address (Do NOT Use P.O. Box Number) City, State and Zip Code</p>

<p>8. See signature restrictions under instructions on reverse side of this form. I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 807 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath.</p>	<p>DO NOT WRITE IN THIS SPACE</p>
<p>Typed Name of Signing Officer Porter Nash</p>	<p>Title Pres.</p>
<p>Signature <i>Porter Nash</i></p>	<p>Telephone Number 334-6180 Date 5-14-79</p>



DUE DATE ON OR AFTER JANUARY 1 AND ON OR BEFORE JULY 1 OF EACH YEAR.

<p>CORPORATION ANNUAL REPORT</p>	 <p>FLORIDA DEPARTMENT OF STATE George Firestone Secretary of State DIVISION OF CORPORATIONS</p> <p><b>1980</b></p> <p>THIS REPORT MUST BE ACCOMPANIED BY A \$10 FEE</p>	<p>DO NOT WRITE IN THIS SPACE <b>AND FILED</b></p> <p>APR 1 2 53 PM 1980</p> <p>FLORIDA DEPARTMENT OF STATE CORPORATIONS DIVISION TALLAHASSEE, FLORIDA</p>
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READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRIES  
PLEASE STAPLE CHECK TO ANNUAL REPORT

<p>1. Name and Address of Corporation Principal Office:</p> <p>706211 FIRST METHODIST CHURCH OF FT MYERS INC 2466 FIRST ST FORT MYERS FLA 33901</p> <p>If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code.</p>	<p>2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient.</p> <p>Street Address _____</p> <p>P.O. Box No. _____</p> <p>City _____</p> <p>State _____ Zip Code _____</p>
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<p>3. Date Incorporated or Qualified To Do Business in Florida</p> <p>9/26/1963</p>	<p>4. Federal Employer Identification Number (FEIN)</p> <p>05-0002707</p>	<p>5. Date of Last Report</p> <p>1979</p>
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6. Names and Street Addresses of Each Officer and Director

Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
<del>NASH, PORTER</del>	<del>P/D</del>	<del>1818 LLEWELLYN DR.</del>	<del>FT MYERS, FL</del>
<del>MILLER, T. RAY</del>	<del>V/D</del>	<del>333 NEW YORK DR.</del>	<del>FT MYERS, FL</del>
HARRIS, RAE	S	1824 HANSON ST.	FT MYERS, FL
HART, THOMAS	P/D	3505 HIBISCUS DR.	FT MYERS, FL
Joe B. Roberts	V/D	331 Royal Palm Park Road	Ft. Myers, Fla.
Andrew Rice	D	52 Plymouth Bend, Old Bridge	Pk. Fort Myers, Fla.

<p>7. Registered Agent Information</p> <p>Name BARBER, LEWIS B</p> <p>Street Address (Do NOT Use P.O. Box Number) 1230 BRAMAN AVE</p> <p>City, State and Zip Code FT MYERS, FL 33901</p>	<p>To change the Registered Agent and/or Registered Office a separate statement signed by the new Registered Agent and executed by the President or Vice President of the corporation must be filed with a fee of \$3.</p>
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8. See signature restrictions under instructions on reverse side of this form.

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. or I Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As if Made Under Oath.

<p>Typed Name of Signing Officer Joe B. Roberts</p>	<p>Title V/D</p>	<p>Telephone Number 694-2368</p>
<p>Signature <i>Joe B. Roberts</i></p>	<p>Date 2-19-80</p>	<p> </p>

DO NOT WRITE IN THIS SPACE  
286 04/01/80

706211 03-07-80 27 41 10.00

DUE DATE ON OR AFTER JANUARY 1 AND ON OR BEFORE JULY 1 FOR EACH YEAR

**CORPORATION'S ANNUAL REPORT**  
**1981**  
 THIS REPORT MUST BE ACCOMPANIED BY A \$10 FEE

READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRY IN FLORIDA  
 PLEASE STAPLE CHECK TO ANNUAL REPORT

1. Name and Address of Corporation Principal Office  
**708211  
 FIRST METHODIST CHURCH OF FT MYERS INC  
 2466 FIRST ST  
 FORT MYERS FLA 33901**

2. Bond Number or Address of Corporation Principal Office, P.O. Box Number (Do NOT Supplement)  
 P.O. Box No.  
 City  
 State  
 Zip Code

3. Date of Last Report  
**9/26/1963**

4. Federal Empl. Identification Number (FEIN)  
**05-0002767**

5. Name and Street Addresses of Each Officer and Director

Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
<del>MART THOMAS</del>	<del>P/D</del>	<del>7505 WINDYWAY DR</del>	<del>FT MYERS, FL</del>
ROBERTS, JOE B.	P/D	331 ROYAL PALM PARK RD.	FT MYERS, FL
HARRIS, RAE	S	1824 HANSON ST.	FT MYERS, FL
RICE, ANDREW	D	52 PLYMOUTH BEND OLD RD	FT MYERS, FL
Smoot, J. Thomas, Jr.	V/D	P. O. Drawer DD,	FT MYERS, FL

Registered Agent Information

Name  
**BABREN, LEWIS B.**

Street Address (Do NOT Use P.O. Box Number)  
**1230 BRAMAN AVE**

City, State and Zip Code  
**FT MYERS, FL 33901**

To change the Registered Agent or Registered Office, a change statement signed by the new Registered Agent or President or Vice President of the corporation must be filed with the Secretary of State.

*3/24/81*

See signature restrictions under instructions on reverse side of this form.  
 I, the undersigned, am an Officer, Director, Receiver or Trustee, Empowered to Execute the Report or Receiver by the Board of Directors of the Corporation. I understand My Signature On This Report Shall Have the Same Legal Effects as if I were the President or Vice President of the Corporation.

Signature of Reporting Officer  
*[Signature]*

Title of Reporting Officer  
**SECRETARY**

Print Name and Address of Reporting Officer  
**JOE B. ROBERTS  
 331 ROYAL PALM PARK RD  
 FT MYERS, FL 33901**

DUE DATE ON OR AFTER JANUARY 1 AND ON OR BEFORE JULY 1 OF EACH YEAR

CORPORATION  
ANNUAL REPORT  
1982



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

JAN 27 10 15 AM 1982

Read Notice and Instructions on Other Side Before Making Entries  
Filing Fee of \$10 Required — Make Checks Payable To: Secretary of State

706211  
FIRST METHODIST CHURCH OF FT MYERS INC  
2466 FIRST ST  
FORT MYERS FLA 33901

09/26/1963

05-0002707

03/24/1961

SMOOT, J. THOMAS JR.  
ROBERTS, JOE B.  
KARRIS, RAE  
RICE, ANDREW

V/D  
P/D  
S  
D

P.O. DRAWER DD  
331 ROYAL PALM PARK RD  
1824 HANSON ST.  
52 PLYMOUTH BEND, OLD BGD

FT MYERS, FL  
FT MYERS, FL  
FT MYERS, FL  
FT MYERS, FL

Frances Jones  
Walter Hummel  
Roland Palmer, Jr.

S  
S  
D

2975 McGregor Blvd.  
35 Plymouth Bend, Old Bridge Pk.  
105 Little Grove Lane,

Fort Myers, Fla. 33901  
N. Fort Myers, Fla. 33903  
N. Fort Myers, Florida 33903

Registered Agent Information

BARBER, LEWIS B  
1230 BRAMAN AVE  
FT MYERS, FL 33901

\$3.00 additional fee required for Registered Agent changes.

Notarized and empowered to execute this report as required by Chapter 607, F.S.  
Notarized reports have the same legal effect as if made under oath.

*Charles H. Jones*

Charles H. Jones

Secretary

Date  
January 12, 1982

Telephone Number  
334-8492

CONFIDENTIAL

DUE DATE ON OR AFTER JANUARY 1 AND ON OR BEFORE JULY 1 OF EACH YEAR

CORPORATION  
ANNUAL REPORT  
1983



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE  
APPROVED  
AND  
FILED

MAR 4 10 03 AM 1983

Read Notice and Instructions on Other Side Before Making Change  
Filing Fee of \$10 Required — Make Checks Payable To: Secretary of State, Florida Dept. of State

1 Name and Address of Corporation Principal Office

706211  
FIRST METHODIST CHURCH OF FT MYERS INC  
2466 FIRST ST  
FORT MYERS FLA 33901

2 Enter Change of Address of Corporation Principal Office P.O. Box Number Alone is NOT Sufficient

Street Address

P.O. Box No

City

State Zip Code

3 Filing Date (Month, Day, Year) 03/26/1983

4 Filing File Number (FSIN) 05-0002707

5 Date of Last Report 01/27/1982

Name of Officers and Directors	Title	Street Address (Do NOT Use Post Office Box Numbers)	City and State	Zip Code
<del>SMOOT, J THOMAS JR</del>	<del>V/D</del>	<del>PO DRAWER 00</del>	<del>FT MYERS, FL</del>	<del>0000</del>
<del>PALMER JR, ROLAND</del>	<del>D</del>	<del>105 LITTLE GROVE LANE</del>	<del>N FORT MYERS, FL</del>	<del>3390</del>
<del>HANNOLD, WALTER</del>	<del>D</del>	<del>35 PLYMOUTH BEND OLD BRG</del>	<del>N FORT MYERS, FL</del>	<del>3390</del>
<del>JONES, FRANCES</del>	<del>S</del>	<del>2975 MCGREGOR BLVD</del>	<del>FORT MYERS, FL</del>	<del>3390</del>
<del>ROBERTS, JOE B</del>	<del>P/O</del>	<del>331 ROYAL PALM PARK RD</del>	<del>FT MYERS, FL</del>	<del>0000</del>
Hannold, Walter	P/D	35 Plymouth Bend Old Bridge Pk.	N. Fort Myers, Fla.	33903
Palmer Jr., Roland	V/D	105 Little Grove Lane	N. Fort Myers, Fla.	33903
Helen Fulbright	S	1371 Currier Circle	Fort Myers, Florida	33907
Allen Prather	D	619 Sunnyside Court	Fort Myers, Florida	33907
Tom Corbin	D	5734 Stonehaven Drive, N. W.,	N. Fort Myers, Fla.	33903

Registered Agent Information

7 Name and Address of Current Registered Agent

BARBER, LEWIS B  
1230 BRAMAN AVE  
FT MYERS, FL 33901

8 Name and Address of New Registered Agent

Name

Street Address (Do NOT Use P.O. Box Numbers)

City, State and Zip Code

9 I, the undersigned, being a resident of the State of Florida, do hereby certify that the above named corporation, organized under the laws of the State of Florida, submits this statement for the purpose of filing a change of registered agent for both in the state of Florida.

10 See separate restrictions under instructions on reverse side of this form

33.00 additional fee required for Registered Agent changes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Registered Agent Accepting Appointment


11 I Certify That I Am An Officer of the Corporation or the Holder of a Trustee Empowered to Execute This Report as Required by Chapter 609, Florida Statutes. I Further Certify That I Understand My Signature on This Report Shall Have the Same Legal Effect As if Made Under Oath.

Signature *Walter Hannold* Date January 17, 1983

Typed Name of Signing Officer Walter Hannold President Director Telephone Number 995-0899

COR 609 (1-83)

DUE DATE ON OR AFTER JANUARY 1 DELINQUENT AFTER JULY 1 OF EACH YEAR

<p>CORPORATION ANNUAL REPORT <b>1984</b></p>	 FLORIDA DEPARTMENT OF STATE George F. Winston Secretary of State DIVISION OF CORPORATIONS	<p>FILED                  Mar 27 1 15 AM 1984</p>
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Read Notice and Instructions on Other Side Before Making Entries  
 Filing Fee of \$10 Required — Make Checks Payable To: Secretary of State

<p>1. Name and Address of Corporation Principal Office</p> <p style="text-align: center;">706211                  FIRST UNITED METHODIST CHURCH OF FORT MYER                  2466 FIRST ST                  FORT MYERS FLA 33901</p> <p><small>If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code.</small></p>	<p>2. Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient</p> <p>Street Address _____</p> <p>P.O. Box No _____</p> <p>City _____</p> <p>State _____ Zip Code _____</p>
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<p>3. Date Incorporated or Qualified To Do Business in Florida: <b>09/26/1963</b></p>	<p>4. Federal Employer Identification Number (EIN) <b>05-0002707</b></p>	<p>5. Date of Last Report: <b>03/04/1983</b></p>
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6. Names and Street Addresses of Each Officer and Director, as of December 31, 1984			
Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
1 PRATHER, ALLEN	V/D	619 SUNNYSIDE COURT	FT MYERS, FL 0000
2 <del>PALMER JR, ROLAND</del>	<del>V/D</del>	<del>185 LITTLE GROVE LANE</del>	<del>N FT MYERS, FL 0000</del>
3 FULBRIGHT, HELEN	S	1371 CURRIER CIR	FT MYERS, FL 0000
4 HANNOLD, WALTER E.	P/D	35 PLYMOUTH BEND OLD BRI	N FT MYERS, FL 0000
5 CORBIN, TOM	D	5734 STONEHAVEN DR, NE	N FT MYERS, FL 0000
James Goodyear	D	5570 Treehaven Circle S/E	Fort Myers, Florida 33907

7. Registered Agent Information	
Name and Address of Current Registered Agent	Name and Address of New Registered Agent
<p>BARBER, LEWIS B                      1230 BRAMAN AVE                       FT MYERS, FL 33901</p>	<p>Name _____</p> <p>Street Address (Do NOT Use P.O. Box Number) _____</p> <p>City, State and Zip Code _____</p>

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits this statement for the purpose of changing its registered officer or registered agent, or both, in the state of Florida.

Such change was authorized by resolution duly adopted by its board of directors on \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
 (Registered Agent Accepting Appointment)

**\$3.00 additional fee required for Registered Agent changes.**

10. See signature restrictions under instructions on reverse side of this form.

I Certify That: Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As if Made Under Oath.

Signature <i>Walter E. Hannold</i>	Date January 26, 1984
Typed Name of Signing Officer Walter E. Hannold	Title Chairman - President Director
Telephone Number 995-0899	

11. Should you desire a certificate of status check the box below and include an additional \$5.00 with your payment.

CERTIFICATE OF STATUS DESIRED  
 \$5 Additional fee required for certificates

DUE DATE ON OR AFTER JANUARY 1 DELINQUENT AFTER JULY 1 OF EACH YEAR

CORPORATION  
ANNUAL REPORT  
1985



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

SEE HOW SIMPLE IT IS TO FILE

F 210

Read Notice and Instructions on Other Side Before Making Filing Fee of \$20 Required — Make Checks Payable To: Secretary of State

FEB 25 2 07 PM '85

1 Name of Corporation  
706211  
First United Methodist Church of Fort Myers  
2466 First Street  
Fort Myers, Florida 33901

2 City, State and Zip Code  
TALLAHASSEE, FLORIDA  
Street Address  
P.O. Box No.  
City  
State  
Zip Code

3 Date of Incorporation or Qualification as Business in Florida: 09/26/1963  
4 Federal Employer Identification Number (FEIN): 59-0725540  
5 Date of Last Report: 01/26/1984

Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State	Zip Code
1 PRATHER, F. ALLEN, JR.	P/D	619 SUNNYSIDE COURT	FT MYERS, FL	33907
2 GOODYEAR, JAMES G.	V	5570 TREEHAVEN CIRCLE	FT MYERS, FL	33907
3 COLLIVER, FERN W.	S	244 N. KEY DRIVE E-5	N. FT MYERS, FL	33903
4 BOCOCK, MABEL E.	T	1530 LINHART AVE.	FT. MYERS, FL	33901
5 HANNOLD, WALTER ED	D	7104 FOXMOOR-Apt. 1-J	N. FT MYERS, FL	33903
6 BOYD, JAMES M.	D	2520 CORTEZ BLVD	FT MYERS FL	33901
7 PRATOR, BONNIE B.	D	600 SUNNYSIDE COURT	FT MYERS FL	33907
8 WALDORF, LOIS	D	3949 RIVERSIDE DRIVE	FT MYERS FL	33901

Registered Agent Information

7 Name and Address of Current Registered Agent  
BARBER, LEWIS B  
1230 BRAMAN AVE  
FT MYERS, FL 33901

8 Name and Address of Agent Registered  
Name: BOCOCK, MABEL E.  
Street Address (Do NOT Use P.O. Box Number): 1530 LINHART AVENUE  
City, State and Zip Code: FT MYERS, FL 33901

9 Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above-named corporation, organized under the laws of the State of Florida, submits this statement for the purpose of changing its registered officer or registered agent, or both, in the state of Florida. Such change was authorized by resolution duly adopted by its board of directors on \_\_\_\_\_.

I hereby accept the appointment of registered agent I am familiar with, and accept the obligations of Section 607.325 F.S.

SIGNATURE: Mabel E. Bocock DATE: 2/21/85  
(Registered Agent Accepting Appointment)


~~\$3.00 additional fee required for Registered Agent changes~~

10 I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further Certify That I Understand My Signature On This Form Shall Have the Same Legal Effects As if Made Under Oath. (Officer signing must be listed in Block 6)

Signature: Mabel E. Bocock Date: February 21, 1985  
Typed Name of Signing Officer: Mabel E. Bocock Title: Treasurer  
Telephone Number: 334-3057

11 Should you desire a certificate of status check the box. CERTIFICATE OF STATUS DESIRED   
\$5 additional fee required for a Certificate of Status

DUE DATE ON OR AFTER JANUARY 1 DELINQUENT AFTER JULY 1 OF EACH YEAR

<p>CORPORATION ANNUAL REPORT 1986</p>	 <p>FLORIDA DEPARTMENT OF STATE George Firestone Secretary of State DIVISION OF CORPORATIONS</p>	<p>DO NOT WRITE IN THIS SPACE</p> <p>RECEIVED MAR 15</p>
---	---	--

Read Notice and Instructions on Other Side Before Making Entries  
Filing Fee of \$20 Required - Make Checks Payable To: Secretary of State

<p>1. Name and Address of Corporation Principal Office</p> <p>706211 FIRST UNITED METHODIST CHURCH OF FORT MYERS, 2466 FIRST ST FORT MYERS FLA 33901</p> <p>If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code</p>	<p>2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient</p> <p>Street Address 21</p> <p>P.O. Box No 22</p> <p>City and State 23</p> <p>Zip Code 24</p>
---	---

<p>3. Date Incorporated or Qualified To Do Business in Florida 09/26/1963</p>	<p>4. Federal Employer Identification Number (FEIN) 05-0002707 59-0725540</p>	<p>5. Date of Last Report 02/26/1985</p>
---	---	--

6. Names and Street Addresses of Each Officer and Director, as of December 31, 1985				
1. Names of Officers and Directors	2. Title	3. Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4. City and State	5.
WERNER R. HOFFMANN	P/O	5000 HARBORTOWN LANE	FT MYERS, FL	00000
GOODYEAR, JAMES G.	V	5570 TREBHAVEN CIRCLE SE	FORT MYERS, FL	00000
LOIS J. WALDORF	S	3949 W. RIVERSIDE DRIVE	FORT MYERS, FL	33901
BOCOCK, MABEL E.	T	1530 LINHART AVENUE	N FT MYERS, FL	00000
HANOLD, WALTER E.	D	4133 Skyline Blvd.	CAPE CORAL, FL	33914
BOYD, JAMES M.	D	2520 CORTEZ BLVD.	FT MYERS, FL	

REGISTERED AGENT INFORMATION

<p>7. Name and Address of Current Registered Agent</p> <p>BOCOCK, MABEL E. 1530 LINHART AVENUE FT MYERS, FL 33901</p>	<p>8. Name and Address of New Registered Agent</p> <p>Name 81</p> <p>Street Address (Do NOT Use P.O. Box Number) 82</p> <p>City and State 83 FL Zip Code 84</p>
---	---

9. Pursuant to the provisions of Sections 807.004 and 807.007, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, submits this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida. Such change was authorized by resolution duly adopted by its board of directors on \_\_\_\_\_.

I hereby accept the appointment of registered agent I am familiar with, and accept the obligations of, Section 807.325 F.S.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Registered Agent Accepting Appointment)

**\$3.00 additional fee required for Registered Agent changes.**

*E/P 3/3/86*

10. See signature restrictions under instructions on reverse side of this form.

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 807 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath. (Officer signing must be listed in Block 6).

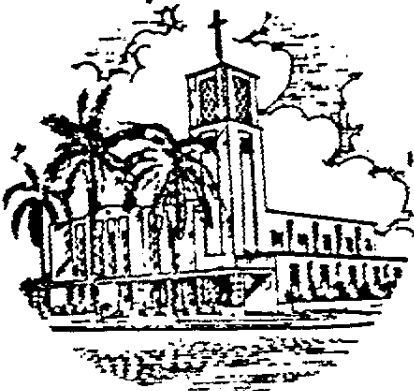
<p>Signature <i>Mabel E. Boccock</i></p> <p>Typed Name of Signing Officer Mabel E. Boccock</p> <p>Title Treasurer</p>	<p>Date 2/25/86</p> <p>Telephone Number 334-3057</p>
---	--

11. Should you desire a certificate of status check the box.

CERTIFICATE OF STATUS DESIRED

\$5 Additional Fee required for a Certificate of Status

CR6004 (1/86)



"Over a Century of Service"

# First United Methodist Church

First Street and Royal Palm Avenue P.O. Box 908 Fort Myers, Florida 33902

Church Office  
332-1152

Parsonage  
332-0521

February 25, 1985

Donald D. Padgett  
James E. Lake  
Ministers

Mr. George Firestone  
Secretary of State  
Florida Department of State  
Division of Corporations  
Tallahassee, Florida 32314

Dear Mr. Firestone:

Please find enclosed our check in the amount of \$20 for 1986 Annual on the Corporation.

We note in Block 4 that you have our Federal Employer Identification Number listed as 05 0002707. Since we are unable to identify this number we have not marked through this number and have listed our correct Federal Employer Identification Number 59-0725540 in Block 4 also.

Our new officers for 1986 are listed on this report. We have marked through the names of the outgoing officers and listed the names of the new officers for 1986 below.

Thank you.

Sincerely,

*Mabel E. Bocock*

Mabel E. Bocock, Treasurer

mb

RECEIVED  
MAR 1 5 23 AM '86  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1, 1987

AND FILED

DO NOT WRITE IN THIS SPACE

CORPORATION  
ANNUAL REPORT  
1987



FLORIDA DEPARTMENT OF STATE  
George Firestone  
Secretary of State  
DIVISION OF CORPORATIONS

1987 FEB 19 AM 10:38  
FLORIDA DEPT. OF STATE  
CORPORATION DIVISION  
TALLAHASSEE, FLORIDA

Read Notice and Instructions on Other Side Before Making Entries  
Filing Fee of \$25 Required - Make Checks Payable To: Secretary of State

1 Name and Address of Corporation Principal Office

706211  
FIRST UNITED METHODIST CHURCH OF FORT MYERS,  
2466 FIRST ST  
FORT MYERS FLA 33901

2 Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient

Street Address 21

P.O. Box No. 22

City and State 23

Zip Code 24

If above address is incorrect in any way, enter the correct address  
Item 2. Include Zip Code

3 Date of Report 09/26/1983

4 Federal Employer Identification Number (FEIN) 59-0725540

5 Date of Last Report 03/23/1986

6 Name and Address of Each Officer and Director as of December 31, 1986

1	2	3	4	5
Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State	
HOFFMANN, WERNER R.	P/O	5000 HARBORTOWN LANE	FT MYERS, FL	33907
SWARTZ, FRANCIS E. JR.	V	1549 REYNARD DRIVE	FT. MYERS, FL	33907
<del>GOODEN, JAMES B.</del>	<del>V</del>	<del>5010 TREEVIEW CIRCLE SE</del>	<del>FT MYERS, FL</del>	<del>33907</del>
SMOOT, ANNE K.	S	1242 FLORIDA AVENUE	FT MYERS, FL	33901
<del>WELLS, LOIS W.</del>	<del>S</del>	<del>5949 Q. ERIKA AVE. CIR</del>	<del>FT MYERS, FL</del>	<del>33902</del>
BROCK, MABEL E.	T	1530 LINHART AVENUE	FT MYERS, FL	33901
<del>HANOLD, WALTER E.</del>	<del>D</del>	<del>4133 34th Ave</del>	<del>FT MYERS, FL</del>	<del>33903</del>
CLARENCE OLSEN	D	129 Conestoga Tr. Carriage Village, N. Ft. Myers, FL	FT MYERS, FL	33903
<del>BOYD, JAMES H.</del>	<del>D</del>	<del>2520 CORTEZ AVE</del>	<del>FT MYERS, FL</del>	<del>33901</del>
ENGLISH, JAMES D. JR.	D	ROUTE # 2, BOX 86	ALVA, FL	33920

REGISTERED AGENT INFORMATION

8 Name and Address of New Registered Agent

Name 81

7 Name and Address of Current Registered Agent

Street Address 1 (Do NOT Use P.O. Box Number) 82

Street Address 2 (Do NOT Use P.O. Box Number) 83

City and State 84

Zip Code 85

FL.

9 Pursuant to the provisions of Sections 607.034 and 607.037 Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by resolution duly adopted by its board of directors on \_\_\_\_\_

I hereby accept the appointment of registered agent I am familiar with, and accept the obligations of, Section 607.325 F.S.

SIGNATURE \_\_\_\_\_

(Registered Agent Accepting Appointment)

DATE \_\_\_\_\_

\$3.00 additional fee required for Registered Agent changes.

10

See signature restrictions under instructions on reverse side of this form.

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As if Made Under Oath. (Officer signing must be listed in Block 6)

Signature

Mabel E. Brocock

Date

2/5/87

Typed Name of Signing Officer

Mabel E. Brocock

Title

Treasurer

Telephone Number

813-334-3057

11. Should you desire a certificate of status check the box

CERTIFICATE OF STATUS DESIRED

\$5 Additional Fee required for a Certificate of Status

CHESCO (100)

**FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1ST.**

**AND FILED**

**CORPORATION  
ANNUAL REPORT  
1988**



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE  
FEB 23 1988

Filing Fee of \$25 Required - Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office

706211  
FIRST UNITED METHODIST CHURCH OF PORT MYERS,  
2466 FIRST ST  
PORT MYERS FLA 33901

2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient

Street Address 21  
P.O. Box No. 22  
City and State 23  
Zip Code 24

If above address is incorrect in any way enter the correct address in item 2. Include Zip Code

3. Date of Incorporation or Qualified to Do Business in Florida

09/26/1963

4. Federal Employer Identification Number (FEIN)

59-0725540

5. Date of Last Report

02/19/1987

6. Names and Street Addresses of Each Officer and Director, as of December 31, 1987

1. Names of Officers and Directors	2. Title	3. Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4. City and State	5.
HOFFMANN, WERNER - R.	P/D	5000 HARBORTOWN LANE 1549 Reynard Drive	FT. MYERS, FL Ft. Myers, FL	00000 33907
SWARTZ, FRANCIS E., JR.	V/P	1242 FLORIDA AVE. 1242 Florida Avenue	PORT MYERS, FL	00000
SMOOT, ANNE K.	S	1242 Florida Avenue <del>3949 G. BROADWAY BLVD</del>	FORT MYERS, FL	33901
BOCOCK, MABEL E.	T	1530 LINHART AVENUE	FT. MYERS, FL.	33901
OLSEN, CLARENCE	D	139 CONESTOGA TR.	N. FT. MYERS, FL FT. MYERS, FL.	33917
ENGLISH, JAMES D., JR.	D	RT. 2, BOX 86	ALVA, FL.	33920
Howard Lang	V/P	1704 St. Clair Avenue	N. Ft. Myers, FL	33903

**REGISTERED AGENT INFORMATION**

7. Name and Address of Current Registered Agent

BOCOCK, MABEL E.  
1530 LINHART AVENUE  
FT MYERS, FL 33901

8. Name and Address of New Registered Agent

Name 81  
Street Address 1 (Do NOT Use P.O. Box Number) 82  
Street Address 2 (Do NOT Use P.O. Box Number) 83  
City and State 84 FL Zip Code 85

9. Pursuant to the provisions of Sections 807.014 and 807.037, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by resolution duly adopted by its board of directors on \_\_\_\_\_

I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of, Section 807.325 F.S.

SIGNATURE \_\_\_\_\_ (Registered Agent Accepting Appointment)

DATE 2/16/88

10. If a foreign corporation, date first transacted business in Florida \_\_\_\_\_

11. See signature restrictions under instructions on reverse side of this form.

I Certify That I Am An Officer or Director of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 807 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As if Made Under Oath (Officer or Director signing must be listed in Block 6)

Signature <i>Mabel E. Bocock</i>	Date 2/16/88
Typed Name of Signing Officer or Director Mabel E. Bocock	Title TREASURER
	Telephone Number 813-332-1152

12. Should you desire a certificate of status check the box.

CERTIFICATE OF STATUS DESIRED

**FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1ST**

**CORPORATION**  
**ANNUAL REPORT**  
**1989**



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE  
FILED  
MAR 28 1989

Read Notice and Instructions on Other Side Before Making Entries  
**Filing Fee of \$35 Required — Make Checks Payable To: Secretary of State**

1. Name and Address of Corporation Principal Office

ZIP + 4

706211 0  
FIRST UNITED METHODIST CHURCH OF FORT MYERS,  
2466 FIRST ST  
FORT MYERS FLA 33901-2940

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.

2. Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient

Street Address 21

P.O. Box No. 22

City and State 23

Zip Code 24

3. Date of Incorporation or Qualification in Florida

09/26/1963

4. Federal Employer Identification Number (FEIN)

59-0725540

5. Date of Last Report

02/23/1988

6. Name and Street Addresses of Each Officer and Director as of December 31, 1988

	Names of Officers and Directors	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
P	SWARTZ, FRANCIS E., JR.	1549 REYNARD DRIVE	FORT MYERS, FL 00000
S	KURTZ, LOIS F. <del>SMOOTH - ANNIE K.</del>	1645 Ardmore 1242 FLORIDA AVENUE	FORT MYERS, FL FORT MYERS, FL
T	BOCOCK, MABEL E.	1530 LINHART AVENUE	FT. MYERS, FL.
D	GOODYEAR, DR. JAMES G. <del>OLEN - CLARENCE</del>	5570 TREE HAVEN CIRCLE S E 122 - CONESTOGA - TR.	FT. MYERS, FL. FT. MYERS, FL.
D	ENGLISH, JAMES D., JR.	ROUTE 2, BOX 86	ALVA, FL.
V	LANG, HOWARD	1704 ST. CLAIR AVE.	N. FT. MYERS, FL
D	JOHN NOLAND	15814 SAN ANTONIO S/W	FT. MYERS, FL

**REGISTERED AGENT INFORMATION**

7. Name and Address of Current Registered Agent

BOCOCK, MABEL E.  
1530 LINHART AVENUE  
FT MYERS, FL 33901

8. Name and Address of New Registered Agent

Name 81

Street Address 1 (Do NOT Use P.O. Box Number) 82

Street Address 2 (Do NOT Use P.O. Box Number) 83

City and State 84

FL

Zip Code 85

9. Pursuant to the provisions of Sections 807.034 and 807.037 Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by resolution duly adopted by its board of directors on \_\_\_\_\_

I hereby accept the appointment of registered agent. I am familiar with and accept the obligations of Section 807.325 F.S.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Registered Agent Accepting Appointment)

10. If a foreign corporation, date first transacted business in Florida \_\_\_\_\_

11. See signature restrictions under item \_\_\_\_\_ in reverse side of this form.

I Certify That I Am An Officer or Director of the Corporation, the Receiver or Trustee or \_\_\_\_\_ who file This Report as Required by Chapter 807 F.S.  
I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effect As if Made Under Oath.  
(Officer or Director signing must be listed in Block 6.)

Signature *Mabel E. Bock*

Date 2-16-89.

Typed Name of Signing Officer or Director Mabel E. Bock Title Treasurer

Telephone Number 813-332-1152

12. Should you desire a certificate of status check the box

CERTIFICATE OF STATUS DESIRED

\$5 Additional Fee required for a certificate of status.

**FILE NOW! THIS ANNUAL REPORT WILL BE DELINQUENT AFTER JULY 1ST.**

954891372

**CORPORATION**  
**ANNUAL REPORT**  
**1990**



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

**FILED**  
1990 FEB 12 AM 10 30  
FLORIDA DEPARTMENT OF STATE  
CORPORATION DIVISION  
TALLAHASSEE, FLORIDA

Read Notice and Instructions on Other Side Before Making Entries  
**Filing Fee of \$35 Required — Make Checks Payable To: Secretary of State**

1. Name and Address of Corporation Principal Office

706211 0

ZIP + 4 PRESORT  
FIRST UNITED METHODIST CHURCH OF FORT MYERS, INC  
2466 FIRST ST  
FORT MYERS FLA 33901-2940

2. If Address in Block 1 is incorrect in any way, enter the correct address below. P.O. Box number alone is NOT sufficient. The NAME of the corporation can be changed only by filing an amendment.

Street Address 21

P.O. Box No. 22

City and State 23

Zip Code 24

If above address is incorrect in any way, enter the correct address  
Item 2 include Zip Code

3. Date of Filing of Qualified Statement

09/26/1993

4. FEI Number

59-0725540

FEI Number Applied For  
 FEI Number Not Applicable

5. Name and Street Addresses of Each Officer and Director (Do not use any correction tape or fluid to cover over incorrect information)

1	2	3	4	5
Initials	Names of Officers and Directors	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State	Zip Code
P	SWARTZ, FRANCIS E., JR.	1549 REYNARD DRIVE	FORT MYERS, FL	00000
C	ATKINSON, MARGARET S.	1542 ARGYLE DRIVE	FORT MYERS, FL	33919
S	KURTZ, LOIS F.	1645 ARDMORE	FORT MYERS, FL	33901
V-C	COOK, STEVEN W.	5081 TICE STREET	FORT MYERS, FL	33905
T	BOCOCK, MABEL E.	1530 LINHART AVENUE	FT. MYERS, FL.	33901
D	GOODYEAR, JAMES G. DR.	5570 TREE HAVEN CIR. SE	FT. MYERS, FL.	33907
B	ENGLISH, JAMES B., JR.	ROUTE 2, BOX 88	ALVA, FL.	
D	SNYDER, GARY	1024 BAYSHORE AVENUE	FORT MYERS, FL	33919
D	NOLAND, JOHN	15814 SAN ANTONIO S/W	FT MYERS, FL.	33908

**REGISTERED AGENT INFORMATION**

7. Name and Address of Current Registered Agent

BOCOCK, MABEL E.  
1530 LINHART AVNEUE  
FT MYERS, FL 33901

8. Name and Address of New Registered Agent

Name 81

Street Address 1 (Do NOT Use P.O. Box Number) 82

Street Address 2 (Do NOT Use P.O. Box Number) 83

City and State 84

FL

Zip Code 85

9. Pursuant to the provisions of Sections 607.004 and 607.007 Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent or both in the State of Florida.

Such change was authorized by resolution duly adopted by its board of directors on \_\_\_\_\_  
I hereby accept the appointment of registered agent. I am familiar with and accept the obligations of Section 607.325 F.S.

SIGNATURE

(Registered Agent Accepting Appointment)

DATE

10. I certify that the information indicated on this annual report or supplemental or final report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, F.S.

Signature  
*Mabel E. Boccock*

Date 2/6/90

Typed Name of Signing Officer or Director  
Mabel E. Boccock

Title  
Treasurer

Telephone Number  
813-332-1152

11. Should you desire a certificate of status check the box.

CERTIFICATE OF STATUS DESIRED

IF APPROVED BY  
SECRETARY OF STATE  
DATE \_\_\_\_\_

**FILE NOW! CORPORATE STATUS WILL BE DELINQUENT AFTER JULY 1ST.**

CORPORATION  
ANNUAL REPORT  
1991



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FE11111

APPROVED  
FL. DEPT. OF STATE  
CORPORATIONS DIV.  
TALLAHASSEE, FL.  
FILED

Read Instructions on Other Side Before Making Entries

**FILING FEE OF \$61.25 REQUIRED**

DO NOT WRITE IN THIS SPACE

1. Name and Mailing Address of Corporation **DOCUMENT #706211 (0)**  
**ZIP + 4 PRESORT**  
**FIRST UNITED METHODIST CHURCH OF FORT MYERS, INC**  
2466 FIRST ST  
FORT MYERS FLA 33901-2940

2. If Address in Block 1 is incorrect in any way, enter the correct address below. PO Box is acceptable. The NAME of the corporation can be changed only by filing an amendment

21 Street Address  
22 PO Box No  
23 City and State  
24 Zip Code

If address is incorrect in any way, enter the correct address in item 2. Include Zip Code.

3. Date of Incorporation or Qualification in Florida **09/26/1963** 4. FEI Number **59-0725540** 5. **\$8.75** Additional Fee required for Certificate of Status  
FEI Number Applied For  
FEI Number Not Applicable **CERTIFICATE OF STATUS DESIRED**

6. Names of Officers and Directors		7. Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	8. City and State
C	ATKINSON, MARGARET S.	1542 ARGYLE DRIVE	FORT MYERS, FL 00000
V/C	COOK, STEVEN W.	5081 TICE STREET	FORT MYERS, FL
T	BOCOCK, MABEL E.	1530 LINHART AVENUE	FT. MYERS, FL.
<del>B</del>	<del>GOODYEAR, JAMES G. DR.</del>	<del>1670 TREE MANE CIR SE</del>	<del>FT. MYERS, FL.</del>
D	F. ALLEN PRATHER, JR.	619 SUNNYSIDE COURT	FT. MYERS, FL.
D	SNYDER, GARY	1024 BAYSHORE AVE.	FT. MYERS, FL.
D	NOLAND, JOHN	15814 SAN ANTONIO S/W	FT MYERS, FL.

**REGISTERED AGENT INFORMATION**

7. Name and Address of Current Registered Agent  
**BOCOCK, MABEL E.**  
**1530 LINHART AVNEUE**  
**FT MYERS, FL 33901**

8. Name and Address of Next Registered Agent

81 Name  
82 Street Address 1 (Do NOT Use PO Box Number)  
83 Street Address 2 (Do NOT Use PO Box Number)  
84 City  
85 Zip Code

9. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered officer or registered agent or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0405, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Registered Agent Accepting Appointment)

10. I certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I further certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 6 or on an attachment with an address.

SIGNATURE Mabel E. Bocoock DATE 2/5/91

Typed Name of Signing Officer or Director: **Mabel E. Bocoock** Title: **Treasurer** Telephone Number Daytime: **( 813 ) 332-1152**

**FILING FEE OF \$61.25 REQUIRED—Make Checks Payable To: Secretary of State \$8.75 Additional Fee required for a Certificate of Status**

**FILE NOW! CORPORATE STATUS WILL BE DELINQUENT AFTER JULY 1ST.**

CORPORATION  
ANNUAL REPORT  
1992



FLORIDA DEPARTMENT OF STATE  
Jim Brann  
Secretary of State  
DIVISION OF CORPORATIONS

W11892

APPROVED  
SEC. OF STATE  
CORPORATIONS DIV.  
TALLAHASSEE, FLA.  
FILED

Read Instructions on Other Side Before Making Entries  
**FILING FEE \$61.25 Make Payable To: Secretary of State**

DO NOT WRITE IN THIS SPACE

1. Name and Mailing Address of Corporation: **DOCUMENT #706211 (0)**  
**FIRST UNITED METHODIST CHURCH OF FORT MYERS, INC**  
**2466 FIRST ST**  
**FORT MYERS FL 33901-2940**

2. If Address in Block 1 is incorrect in any way, check through the incorrect information and enter the correct address below. P.O. Box is acceptable. The NAME of the corporation can be changed only by filing an amendment.

21 Mailing Address  
22 P.O. Box No.  
23 City and State  
24 Zip Code

3. Date Incorporated or Qualified To Do Business in Florida: **09/26/1963**

4. Filing Date: **02/11/1991**  
5. Filing Number: **59-0725540**  
6. Filing Fee: **\$8.75** Add this fee to the filing fee for a Certificate of Status.  
7. Filing Method:  CERTIFICATE OF STATUS DESIRED

1	2	3	4
Name of Shareholder	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State	
<del>C</del> <del>ATKINSON, MARGARET S.</del>	<del>1542 ARGYLE DRIVE</del>	<del>FORT MYERS, FL</del>	<del>00000</del>
	W. Howard Lang	North Fort Myers, FL	33903
<del>V/C</del> <del>COOK, STEVEN W.</del>	<del>5081 FICE STREET</del>	<del>FORT MYERS, FL</del>	
	Fredrick M. VanVorce	North Fort Myers, FL	33903
	29 Fletcher Drive N/E		
<del>T</del> <del>BOCOCK, MABEL E.</del>	<del>1530 LINHART AVENUE</del>	<del>FT. MYERS, FL.</del>	
<del>S</del> <del>VIRGINIA S. GIRARDIN</del>	<del>1668 MENLO ROAD</del>	<del>FORT MYERS, FL</del>	<del>33901</del>
<del>D</del> <del>PRATHER, F ALLEN JR.</del>	<del>619 SUNNYSIDE CT</del>	<del>FT. MYERS, FL.</del>	
<del>D</del> <del>SNYDER, GARY</del>	<del>1024 BAYSHORE AVE.</del>	<del>FT. MYERS, FL</del>	
<del>D</del> <del>NOELAND, JOHN</del>	<del>15814 SAN ANTONIO S/W</del>	<del>FT MYERS, FL.</del>	
	Thomas B. Hart	Fort Myers, FL	33901

**REGISTERED AGENT INFORMATION.**  
8. Name and Address of New Registered Agent  
9. Name and Address of Former Registered Agent  
10. Name and Address of New Registered Agent  
11. Name and Address of Former Registered Agent

12. Signature of Officer or Director: **Mabel E. Boccock**  
13. Title: **Treasurer**  
14. Telephone Number (Area Code) and Number: **(813) 332-1152**  
15. Date: **3-9, 1992**

16. Signature of Officer or Director: **Mabel E. Boccock**  
17. Title: **Treasurer**  
18. Telephone Number (Area Code) and Number: **(813) 332-1152**  
19. Date: **3-9, 1992**

20. If this corporation is a member of the Election Campaign Financing Trust Fund, check the box and include an additional \$5.00 to the filing fee.

**File Now. Filing Fee after May 1 is \$225.00**

**CORPORATION  
ANNUAL REPORT  
1993**



FLORIDA DEPARTMENT OF STATE  
IN SUPPORT  
OF THE  
FLORIDA CORPORATION  
LAWS

APPROVED  
SECRETARY OF STATE  
JAMES H. SMOOT  
TALLAHASSEE, FLA.  
32311

1. Name and Mailing Address of Corporation: **DOCUMENT # 706211 (0)**  
**FIRST UNITED METHODIST CHURCH OF FORT MYERS, INC**  
**2466 E 1ST ST**  
**FORT MYERS FL 33901-2940**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified <b>09/26/1963</b>	3a. Date of Last Report <b>03/16/1992</b>
4. FFI Number <b>590725540</b>	Applied For Not Applicable
5. Certificate of Status Issued <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. <input checked="" type="checkbox"/>	<b>\$138.75 Supplemental Fee Not Required</b>
8. <input checked="" type="checkbox"/>	

1. FILING FEE \$200.00	ANNUAL REPORT \$61.25 + \$138.75 CORPORATION SUPPLEMENTAL FEE MAKE CHECK PAYABLE TO DEPARTMENT OF STATE
2. <input type="checkbox"/>	2a. <input type="checkbox"/>
21. <input type="checkbox"/>	26. <input type="checkbox"/>
22. <input type="checkbox"/>	27. <input type="checkbox"/>
23. <input type="checkbox"/>	28. <input type="checkbox"/>
24. <input type="checkbox"/>	29. <input type="checkbox"/>
25. <input type="checkbox"/>	30. <input type="checkbox"/>

9. Name and Address of Current Registered Agent  
**BOCOCK, MABEL E.**  
**1530 LINHART AVENUE**  
**FT MYERS FL 33901**

10. Name and Address of New Registered Agent

81. <input type="checkbox"/>	82. <input type="checkbox"/>	83. <input type="checkbox"/>	84. <input type="checkbox"/>	85. <input type="checkbox"/>	86. <input type="checkbox"/>
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**FL**

12. <input type="checkbox"/>	<b>C</b> <b>LANG, W. HOWARD</b> <b>1704 ST. CLAIR AVE</b> <b>FT MYERS FL</b>
<input type="checkbox"/>	<b>V/C</b> <b>WYBORCE, FREDRICK, JR</b> <b>29 FLETCHER DR NE</b> <b>FT MYERS FL</b>
<input type="checkbox"/>	<b>T</b> <b>BOCOCK, MABEL E.</b> <b>1530 LINHART AVENUE</b> <b>FT MYERS FL</b>
<input type="checkbox"/>	<b>D</b> <b>PRATHER, F ALLEN JR.</b> <b>619 SUNNYSIDE CT</b> <b>FT MYERS FL</b>
<input type="checkbox"/>	<b>D</b> <b>SNYDER, GARY</b> <b>1024 BAYSHORE AVE</b> <b>FT MYERS FL</b>
<input type="checkbox"/>	<b>D</b> <b>HART, THOMAS, B</b> <b>1557 MORENO AVE</b> <b>FT MYERS FL</b>

13. <input type="checkbox"/>	<b>C</b> <b>Chairman</b> <b>Thomas B. Hart</b> <b>1557 Moreno Ave.</b> <b>Fort Myers, FL 33901</b>
<input type="checkbox"/>	<b>VC</b> <b>Vice-Chairman</b> <b>W. Howard Lang</b> <b>1704 St. Clair Avenue</b> <b>N. Fort Myers, FL 33903</b>
<input type="checkbox"/>	<b>T</b> <b>Treasurer</b> <b>Mabel E. Bocock</b> <b>1530 Linhart Avenue</b> <b>Fort Myers, FL 33901</b>
<input type="checkbox"/>	<b>D</b> <b>Director</b> <b>F. Allen Prather, Jr.</b> <b>619 Sunnyside Court</b> <b>Fort Myers, FL 33919</b>
<input type="checkbox"/>	<b>D</b> <b>Director</b> <b>James D. English, Jr.</b> <b>17631 N. River Rd.</b> <b>Alva, FL 33920</b>
<input type="checkbox"/>	<b>S/D</b> <b>Secretary/Director</b> <b>Ann K. Smoot</b> <b>1242 Florida Ave.</b> <b>Fort Myers, FL 33901</b>

14. I certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that the same is in accordance with the provisions of the laws of the State of Florida relating to corporations and that my name is correct in block to the Secretary of State.

**SIGNATURE** *Mabel E. Bocock* **DATE** 3/23/93

Print Title, Name of Signing Officer or Director: **Treasurer** **Mabel E. Bocock**

Division Telephone Number: **(813) 332-1152**

