

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 08, 2007 8:00 am**  
**Secretary of State**

01-08-2007 90252 031 \*\*\*\*61.25

**DOCUMENT # 709029**

1. Entity Name  
**FRIENDSHIP UNITED METHODIST CHURCH, INC.**



Principal Place of Business  
**12275 PARAMOUNT DR.  
PUNTA GORDA, FL 33955**

Mailing Address  
**PO BOX 511317  
PUNTA GORDA, FL 33951 US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**59-1863262**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**SANDERS, CHRIS  
27510 TIERRA DEL FUEGO  
PUNTA GORDA, FL 33983**

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

*Chris Sanders*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**1-4-07**

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **HANLEY, KATHY**  
STREET ADDRESS **3670 GLOXINIA DR**  
CITY-ST-ZIP **NORTH FORT MYERS, FL 33917**

TITLE **D** ☒ Delete  
NAME **HARBISON, RUTH**  
STREET ADDRESS **10202 ARROWHEAD DR**  
CITY-ST-ZIP **PUNTA GORDA, FL 33950**

TITLE **D** ☐ Delete  
NAME **SHY, JIM**  
STREET ADDRESS **10100 BURNT STORE RD., #117**  
CITY-ST-ZIP **PUNTA GORDA, FL 33950**

TITLE **D** ☐ Delete  
NAME **VOIT, GEORGE**  
STREET ADDRESS **27861 LEATHERWOOD CIRCLE**  
CITY-ST-ZIP **PUNTA GORDA, FL 33950**

TITLE **D** ☒ Delete  
NAME **ADAMS, JUNE**  
STREET ADDRESS **400 TAYLOR RD, #180**  
CITY-ST-ZIP **PUNTA GORDA, FL 33950**

TITLE **D** ☐ Delete  
NAME **SEMO, PAUL**  
STREET ADDRESS **10101 BURNT STORE RD., #157**  
CITY-ST-ZIP **PUNTA GORDA, FL 33950**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **D** ☐ Change ☒ Addition  
NAME **Kinsman, Helen Ann**  
STREET ADDRESS **3250 Sulstone Dr**  
CITY-ST-ZIP **Punta Gorda FL 33983**

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

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

TITLE **D** ☐ Change ☒ Addition  
NAME **Stephen Spencer**  
STREET ADDRESS **7305 Powder Puff**  
CITY-ST-ZIP **Punta Gorda FL 33955**

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.

**SIGNATURE:**

*H.P. Glick Jr*  
**H.P. GLICK JR**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/4/07 941-637-1717**