

FILE NOW: FILING FEE IS \$61.25

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90290 028 ****61.25

0064298

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 709897					
1. Corporation Name EAST NAPLES UNITED METHODIST CHURCH, INC.					
Principal Place of Business 2701 AIRPORT ROAD SOUTH NAPLES FL 34112 US			Mailing Address 2701 AIRPORT ROAD SOUTH NAPLES FL 33962 US		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 34112 Country 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 34112 Country 30		3. Date Incorporated or Qualified 11/09/1965 4. FEI Number 59-2171834 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent KROUT, HAROLD 19 CREEK CIRCLE NAPLES, FL 33962			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code 34114		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation 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 the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE PC NAME LUTHER, JAMES STREET ADDRESS 212 PALMETTO DUNES CIR CITY-ST-ZIP NAPLES FL			1.1 TITLE PC 1.2 NAME REEVES CLETUS 1.3 STREET ADDRESS 788 BELVILLE BLVD. 1.4 CITY-ST-ZIP NAPLES FL 34104-7892		
TITLE D NAME GILL, ELIZABETH STREET ADDRESS 3142 CROWN POINT BLVD CITY-ST-ZIP NAPLES FL 34112			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE D NAME RATLIFF, CLIFF STREET ADDRESS 5280 MYRTLE LANE CITY-ST-ZIP NAPLES FL			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE D NAME JORDAN, JOHN STREET ADDRESS 269 BALTUSUROL DR CITY-ST-ZIP NAPLES FL			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE V NAME LEHMAN, HENRY STREET ADDRESS 2803 ANITREE LANE, F102 CITY-ST-ZIP NAPLES FL 34112			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE S NAME FERRELL, ANN STREET ADDRESS 5924 CRANBROOK WAY, APT. 101 CITY-ST-ZIP NAPLES FL 34112			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

14. 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 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; 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TREAS.

5/13/99

941-774-4696

Date

Daytime Phone #

CR2E037 (11/98)