

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 718105 (0)

1. Corporation Name

OLGA-FORT MYERS SHORES UNITED METHODIST CHURCH

95 JAN 20 PM 1:15

Principal Place of Business

Mailing Address

14036 MATANZAS DR
FT. MYERS FL 33905-2236

14036 MATANZAS DR
FT. MYERS FL 33905-2236

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/06/1970

3a. Date of Last Report
01/21/1994

4. FEI Number
59-2422755

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARL B. SYVERSON
13026 9TH ST., S.E.
FT. MYERS FL 33905

81 Name MILDRED M SNELL
82 Street Address (P.O. Box Number is Not Acceptable)
83 2225 RANDOLPH DR SE
84 FORT MYERS, FL 33905

11. 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 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 607.0505, Florida Statutes.

SIGNATURE

Mildred M Snell

1-14-95

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

(NOTE: Registered Agent signature required when nonstatutory)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD
NAME WISE, GULA CYLA
STREET ADDRESS 14949 RANDOLPH DRIVE, SE
CITY-ST-ZIP FT. MYERS FL

TITLE D
NAME WHIDDEN, DENNIS
STREET ADDRESS 2507 CARTAGENA AVE, S.E.
CITY-ST-ZIP FORT MYERS FL

TITLE D
NAME SNELL, MILDRED
STREET ADDRESS 2225 RANDOLPH DRIVE S.E.
CITY-ST-ZIP FT. MYERS FL

TITLE CD
NAME SNELL, ANDREW
STREET ADDRESS 2225 RANDOLPH DRIVE, SE
CITY-ST-ZIP FT. MYERS FL

TITLE DC
NAME DUBSON, MARTIN
STREET ADDRESS 183 SUN CIRCLE
CITY-ST-ZIP FT. MYERS FL

TITLE I
NAME SYVERSON, CARL
STREET ADDRESS 13026 9TH ST., S.E.
CITY-ST-ZIP FORT MYERS FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME RICHARD JENKINS
2.3 STREET ADDRESS 2198 35th OFF PINE ST
2.4 CITY-ST-ZIP FORT MYERS, FL 33905

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME MILDRED M SNELL
6.3 STREET ADDRESS 2225 RANDOLPH DR SE
6.4 CITY-ST-ZIP FORT MYERS, FL 33905

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

MILDRED M SNELL

1-14-95

818-694-3163

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number