

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 718105

1. Entity Name

OLGA-FORT MYERS SHORES UNITED METHODIST CHURCH

Principal Place of Business

14036 MATANZAS DR
FT. MYERS FL 33905-2236

Mailing Address

14036 MATANZAS DR
FT. MYERS FL 33905-2236

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2422755

Applied For

Not Applicable

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

WISE, STANLEY
14949 RANDOLPH DRIVE SE
FT MYERS FL 33905

Name
Duane Henry

Street Address (P.O. Box Number is Not Acceptable)
14036 Matanzas Drive, SE

City
Ft. Myers,

FL

Zip Code
33905

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.

SIGNATURE Duane Henry

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

(NOTE: Registered Agent signature required when reinstating)

02/01/02

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VCD	<input checked="" type="checkbox"/> Delete
NAME	BURT, DOT	
STREET ADDRESS	12301 RIVER RD SE	
CITY-ST-ZIP	FT MYERS FL 33905	
TITLE	CC	<input type="checkbox"/> Delete
NAME	MCCOLLUM ED	
STREET ADDRESS	13820 RIVER FOREST DRIVE SE	
CITY-ST-ZIP	FT MYERS FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CLARK, LOEHR	
STREET ADDRESS	2113 WENOLA CT	
CITY-ST-ZIP	FT MYERS FL 33905	
TITLE	T	<input type="checkbox"/> Delete
NAME	FELTY, BETTY S	
STREET ADDRESS	2220 SANTIAGO AVE SE	
CITY-ST-ZIP	FT MYERS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HEMRY, DUANE	
STREET ADDRESS	14903 WISE WAY	
CITY-ST-ZIP	FORT MYERS FL 33905	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David Seright	
STREET ADDRESS	14907 Wise Way	
CITY-ST-ZIP	Ft. Myers, FL 33905	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jacque Rippe	
STREET ADDRESS	13140 Bird Road	
CITY-ST-ZIP	Ft. Myers, FL 33905	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Catherine Walker	
STREET ADDRESS	14481 Old Olga Road	
CITY-ST-ZIP	Ft. Myers, FL 33905	

12. 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 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:

Signature and Typed or Printed Name of Signing Officer or Director

02/01/02

Date

941-694- 2797

Daytime Phone #

CR2E037 (9/01)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90082 005 ****61.25



DO NOT WRITE IN THIS SPACE