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FILED
Jan 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **NO1308** (8)
1. Corporation Name
THE FORT MYERS DISTRICT OF THE UNITED METHODIST CHURCH, INC.

Principal Place of Business 1605 ROYAL PALM AVE. FORT MYERS FL 33901	Mailing Address 1605 ROYAL PALM AVE. FORT MYERS FL 33901
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3. Date Incorporated or Qualified

02/08/1984

4. FEI Number

59-2317390

Applied For

Not Applicable

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**COOK, REV LARRY E
1605 ROYAL PALM AVE
FT MYERS FL 33901**

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

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

TITLE	P	<input type="checkbox"/> DELETE
NAME	FLYNN, DEE	
STREET ADDRESS	5336 MAYFAIR COURT	
CITY-ST-ZIP	CAPE CORAL FL 33904	

TITLE	S	<input type="checkbox"/> DELETE
NAME	BURTON, REV J RALPH JR	
STREET ADDRESS	21075 QUESADA AVE	
CITY-ST-ZIP	PORT CHARLOTTE FL	

TITLE	VP	<input type="checkbox"/> DELETE
NAME	SHERMAN, WILLIAM	
STREET ADDRESS	4118 CORONADO PARKWAY	
CITY-ST-ZIP	CAPE CORAL FL 33904	

TITLE	D	<input type="checkbox"/> DELETE
NAME	COOK, REV LARRY E	
STREET ADDRESS	1605 ROYAL PALM AVE	
CITY-ST-ZIP	FT MYERS FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	LIVINGSTON, MRS. PIXIE	
STREET ADDRESS	3745 BLUE HERON CT.	
CITY-ST-ZIP	FT. MYERS FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SNYDER, DR GARY	
STREET ADDRESS	14703 TRIPLE EAGLE COURT	
CITY-ST-ZIP	FT MYERS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D
Danielson, John
2484 Rosa Lane
Punta Gorda, FL 33950

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.

SIGNATURE:

[Signature]
SIGNATURE REQUIRED

1/9/98

941/332-0866

CR2E037 (10/97)