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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # NO1308

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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

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 ☐ DELETE

NAME FLYNN, DEE
STREET ADDRESS 5336 MAYFAIR COURT
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE S ☐ DELETE

NAME BURTON, REV J RALPH JR
STREET ADDRESS 21075 QUESADA AVE
CITY-ST-ZIP PORT CHARLOTTE FL

TITLE VP ☒ DELETE

NAME SHERMAN, WILLIAM
STREET ADDRESS 4118 CORONADO PARKWAY
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE D ☐ DELETE

NAME COOK, REV LARRY E
STREET ADDRESS 1605 ROYAL PALM AVE
CITY-ST-ZIP FT MYERS FL

TITLE D ☐ DELETE

NAME LIVINGSTON, MRS. PIXIE
STREET ADDRESS 3745 BLUE HERON CT.
CITY-ST-ZIP FT. MYERS FL

TITLE D ☒ 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

UP
Hoffmann, Mrs. Winnifred
6577 Highland Pines Circle
Ft. Myers, FL 33912

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-99 (941) 332-0866

Date

Daytime Phone #

CR2E037 (1/98)