FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 27 PM 3:17

DOCUMENT # N04691 (4)

1. Corporation Name
VILLAS WESLEYAN CHURCH, INC.

Principal Place of Business	Mailing Address
C/O WALTER E. MCKEE, JR. 8400 BEACON BLVD. FT. MYERS FL 33907	C/O WALTER E. MCKEE, JR. 8400 BEACON BLVD. FT. MYERS FL 33907

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/14/1984
3a. Date of Last Report: 02/02/1994
4. FEI Number: 59-1901803 ☐ 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. 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MCKEE, WALTER E., JR.
8400 BEACON BLVD.
FT. MYERS FL 33907

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	MCKEE, WALTER E.,JR.	12 NAME	
STREET ADDRESS	8400 BEACON BLVD.	13 STREET ADDRESS	
CITY-ST-ZIP	FT.MYERS FL	14 CITY-ST-ZIP	
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	DAGGETT, BEVERLY	22 NAME	
STREET ADDRESS	4113 SW 14 TH PLACE	23 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33914	24 CITY-ST-ZIP	
TITLE	TD	31 TITLE	TD ☒ Change ☐ Addition
NAME	COPPING, BARBARA	32 NAME	LANDBO,EVELYN
STREET ADDRESS	17925 CHESRTERFIELD RD.	33 STREET ADDRESS	2318 KENT AVE
CITY-ST-ZIP	N.FT.MYERS FL	34 CITY-ST-ZIP	FT. MYERS, FL 33907
TITLE	D	41 TITLE	D ☒ Change ☐ Addition
NAME	JACKSON, JERRY	42 NAME	PRESTON, GILBERT
STREET ADDRESS	53 ESTATE DR	43 STREET ADDRESS	7218 MYRTLE RD. SE
CITY-ST-ZIP	N FORT MYERS FL	44 CITY-ST-ZIP	FT. MYERS, FL 33912
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	DOLLENS, JOHN	52 NAME	
STREET ADDRESS	18628 DOGWOOD LN	53 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	TEWS, DOUG	62 NAME	
STREET ADDRESS	7656 BREEZE DR	63 STREET ADDRESS	
CITY-ST-ZIP	N.FT.MYERS FL	64 CITY-ST-ZIP	

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)(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: Walter E. McKee Jr. Walter E. McKee, Jr. 2-3-95 813 936 3858
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #