

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N04691 (4)

1. Corporation Name

VILLAS WESLEYAN CHURCH, INC.



Principal Place of Business

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

Mailing Address

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

3. Date Incorporated or Qualified
08/14/1984

3a. Date of Last Report
02/27/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

25

29

30

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

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

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME MCKEE, WALTER E., JR.
STREET ADDRESS 8400 BEACON BLVD.
CITY-ST-ZIP FT.MYERS FL ☐ DELETE

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

TITLE SD
NAME DAGGETT, BEVERLY
STREET ADDRESS 4113 SW 14 TH PLACE
CITY-ST-ZIP CAPE CORAL FL 33914 ☒ DELETE

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME SD
2.3 STREET ADDRESS ULMER, JEAN
2.4 CITY-ST-ZIP 2221 CARACAS CT
FT MYERS FL 33907

TITLE TD
NAME LANDBO, EVELYN
STREET ADDRESS 2318 KENT AVE
CITY-ST-ZIP FT. MYERS FL ☐ DELETE

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

TITLE D
NAME PRESTON, GILBERT
STREET ADDRESS 7218 MYRTLE RD. SE
CITY-ST-ZIP FT. MYERS FL ☐ DELETE

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

TITLE D
NAME DOLLENS, JOHN
STREET ADDRESS 18628 DOGWOOD LN
CITY-ST-ZIP FT. MYERS FL ☐ DELETE

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

TITLE D
NAME TEWS, DOUG
STREET ADDRESS 7656 BREEZE DR
CITY-ST-ZIP N.FT.MYERS FL ☒ DELETE

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME D
6.3 STREET ADDRESS BOSWELL, DAV/D
6.4 CITY-ST-ZIP 1458 PINEY RD
N FT MYERS FL 33903

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: *Walter E. McKee Jr*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-96

Date

941-936-5858

Daytime Phone #

CR2E037 (12/95)