2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N31311

1. Entity Name

THE FRIENDS-PILGRIMS' CHURCHES LAND STEWARDSHIP

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90155 029 ****61.25

Principal Place of Business	Mailing Address
13500 FRESHMAN LANE FORT MYERS FL 33912	13500 FRESHMAN LANE FORT MYERS FL 33912-1808

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0109252 — 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
~~LELAND, HOWARD~~ ~~13500 FRESHMAN LN~~ ~~FT MYERS FL 33912-1808~~	Name: DON PETERS Street Address (P.O. Box Number is Not Acceptable): 13500 Freshman Lane City: Fort Myers, FL Zip Code: 33912-1808

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

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	DS ☐ Delete	TITLE	Vice President ☐ Change ☒ Addition
NAME	FRANKE, EUNICE	NAME	Larry Martin
STREET ADDRESS	15471 MEADOW CIRCLE	STREET ADDRESS	1226 SE 36th Terrace
CITY-ST-ZIP	FORT MYERS FL 33908	CITY-ST-ZIP	Cape Coral, FL 33904
TITLE	V ☑ Delete	TITLE	President ☐ Change ☒ Addition
NAME	~~GASON, WILLIAM A~~	NAME	Don Peters
STREET ADDRESS	~~7759 WOODLAND BEND CIRCLE~~	STREET ADDRESS	1361 Sheffield Way
CITY-ST-ZIP	~~FT MYERS FL 33908~~	CITY-ST-ZIP	Fort Myers, FL 33919
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MONGOVEN, MIKE	NAME	
STREET ADDRESS	1277 HANTON AVENUE	STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL 33901	CITY-ST-ZIP	
TITLE	T ☑ Delete	TITLE	☐ Change ☐ Addition
NAME	DANGLER, JERRY	NAME	
STREET ADDRESS	5245-4 CEDARBEND DRIVE	STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL 33919	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FOWLER, HARRY	NAME	
STREET ADDRESS	15111 MEADOW CIR	STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	CITY-ST-ZIP	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	~~LELAND, HOWARD~~	NAME	
STREET ADDRESS	14541 EAGLE RIDGE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL 33912	CITY-ST-ZIP	

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.

X SIGNATURE: Eunice M. Yeoman-Franke Eunice M. Yeoman-Franke (941) 485-8623
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4/26/00 Daytime Phone #

CR2E037 (9/99)