

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 06, 2003 8:00 am**  
**Secretary of State**

02-06-2003 90075 021 \*\*\*\*61.25

**DOCUMENT # N31311**

1. Entity Name

**THE FRIENDS-PILGRIMS' CHURCHES LAND STEWARDSHIP  
MINISTRIES, INC.**



Principal Place of Business

**13500 FRESHMAN LANE  
FORT MYERS FL 33912**

Mailing Address

**13500 FRESHMAN LANE  
FORT MYERS FL 33912**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

**FRANKE, EUNICE  
20761 COUNTRY WALK WAY  
ESTERO FL 33928**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Howard L. Leland, President*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*1/16/03*

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DS** ☐ Delete  
NAME **YEOMAN-FRANKE, EUNICE M**  
STREET ADDRESS **20761 COUNTRY WALK WAY**  
CITY-ST-ZIP **ESTERO FL 33928**

TITLE ☐ Change ☐ Addition  
NAME **P**  
NAME **Howard L. Leland**  
STREET ADDRESS **14541 Eagle Ridge Dr.**  
CITY-ST-ZIP **Ft. Myers, FL 33912** ☒ Change ☒ Addition

TITLE **P** ☒ Delete  
NAME **POLITIS, CHARLES**  
STREET ADDRESS **13820 WHITE GARDENIA WAY**  
CITY-ST-ZIP **FORT MYERS FL 33912**

TITLE ☐ Change ☐ Addition  
NAME **D**  
NAME **REED, PAUL**  
STREET ADDRESS **13235 WHITEHAVEN LANE # 1004**  
CITY-ST-ZIP **FORT MYERS FL 33912**

TITLE **D** ☐ Delete  
NAME **REED, PAUL**  
STREET ADDRESS **13235 WHITEHAVEN LANE # 1004**  
CITY-ST-ZIP **FORT MYERS FL 33912**

TITLE ☐ Change ☐ Addition  
NAME **D**  
NAME **HAWK, WALTER**  
STREET ADDRESS **107 AIRVIEW STREET**  
CITY-ST-ZIP **LEHIGH FL 33936**

TITLE **D** ☐ Delete  
NAME **HAWK, WALTER**  
STREET ADDRESS **107 AIRVIEW STREET**  
CITY-ST-ZIP **LEHIGH FL 33936**

TITLE ☐ Change ☐ Addition  
NAME **D**  
NAME **MILNE, DAVID**  
STREET ADDRESS **12050 CAISSON LANE**  
CITY-ST-ZIP **FORT MYERS FL 33912**

TITLE **D** ☐ Delete  
NAME **MILNE, DAVID**  
STREET ADDRESS **12050 CAISSON LANE**  
CITY-ST-ZIP **FORT MYERS FL 33912**

TITLE ☐ Change ☐ Addition  
NAME **DT**  
NAME **HOFFMAN, CHARLES**  
STREET ADDRESS **20262 LUETTICH LANE**  
CITY-ST-ZIP **ESTERO FL 33928**

TITLE **DT** ☐ Delete  
NAME **HOFFMAN, CHARLES**  
STREET ADDRESS **20262 LUETTICH LANE**  
CITY-ST-ZIP **ESTERO FL 33928**

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.

SIGNATURE: *Howard L. Leland*

*Howard L. Leland*

*1/16/03*

*239 768 2188*

CR2E037 (10/02)