

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90173 005 ****61.25

DOCUMENT # N34812

1. Entity Name

TICE UNITED METHODIST CHURCH, INC.



Principal Place of Business

4545 TICE STREET
TICE FL 33905

Mailing Address

4545 TICE STREET
TICE FL 33905



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1155134

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E037 (10/05)

6. Name and Address of Current Registered Agent

SIMS, MICHAEL
4545 TICE STREET
TICE FL 33905

7. Name and Address of New Registered Agent

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

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
Due By May 1, 2006**

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

TITLE PC
NAME BLANEY, RICK ☐ Delete
STREET ADDRESS 4820 SHADY RIVER LN
CITY-ST-ZIP FORT MYERS FL 33905

TITLE TR
NAME BROCK, MALCOLM ☐ Delete
STREET ADDRESS 4180 ELLIS RD
CITY-ST-ZIP FORT MYERS FL 33905

TITLE TS ☒ Delete
NAME CARLTON, CAROL
STREET ADDRESS 5229 RICHMOND AVE
CITY-ST-ZIP FORT MYERS FL 33905

TITLE TR ☐ Delete
NAME MORGAN, EDWARD
STREET ADDRESS 168 ALAMEDA AVE
CITY-ST-ZIP FT. MYERS FL 33905

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME LOIS FENG
STREET ADDRESS 8213 SOUTHWIND BAY CIRCLE
CITY-ST-ZIP FORT MYERS FL. 33908

TITLE TR ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TR ☐ Change ☒ Addition
NAME LAMOURREUX, GERRY
STREET ADDRESS 5558 PALM BEACH BLVD #268
CITY-ST-ZIP Fort Myers FL. 33905

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Malcolm C Brock 4/2/06 239 694 3477
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #