2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb. 29, 2008, 08:00 A Secretary of State

ANNUAL REPORT					T CD(22), 2000, 00.			
DOCUMENT # N34812 1. Entity Name TICE UNITED METHODIST CHURCH, INC.					50	ecretary	y of S	
Principal Place of Business 4545 TICE STREET TICE, FL 33905		Mailing Address 4545 TICE STREET TICE, FL 33905						
DO NOT WRITE IN THIS SPA				* *	No Chg-NP	CR2E037 (4/06		
and the state of t	e de tradición de deservación de la companya de la La companya de la co	IN THIS SPA	CE .	4. FEI Numb 59-115	55134			
tim (", tita"	6. Name and Address of Current	Registered Agent	·	The second section of the section of th	and the state of the state of the	, 1- 1 , 1 , 1 , 1 , 1 , 1 , 1 , 1 , 1 ,	1, je 3-4 ° 's	
CHAPMAN, CHERIE B 4545 TICE STREET TICE, FL 33905			IN THIS SPACE red office or registered agent, or both, in the State of Florida. I am familiar with, and accept					
the obliga	Signature, typed or printed name of registered agent	Tapman		quired when reinstating)		1/29/0 DATE	<u>Z</u>	
	Filing Fee is \$61.25 Due by May 1, 2008	Election Campaign Final Trust Fund Contribution.		\$5.00 May Be Added to Fees	U0000084 03/12/08-8(19788 1909-016 <u>6</u>	1,25	
10.	OFFICERS AND	DIRECTORS					Sage frager of	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PC BLANEY, RICK 4820 SHADY RIVER LN FORT MYERS, FL 33905 TR CARLSEN, EDGAR 5681 BAYSHORE ROAD	 .			And Andrews An			
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NORTH FORT MYERS, FL 3391 T RINALD, JEAN 15498 CRYSTAL LAKE DRIVE NORTH FORT MYERS, FL 3391		The spoke of the secondaria	مارید مارید است است DO	NOT WF	RITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR MORRISSEY, TINA 319 BROWNING DRIVE FT. MYERS, FL 33905		9 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	IN	THIS SPA	ICE		
title Name	TR GRISWOLD, JULIE			and a second second		man hali	afteren Grysser og Heistrijels	

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

STREET ADDRESS

CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS

185 FAIRVIEW AVENUE

FORT MYERS, FL 33905

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/08 239-910-305

Daytime Phone #