

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49017

FILED  
Mar 03, 2005  
Secretary of State

**Entity Name:** GOOD SHEPHERD UNITED METHODIST CHURCH OF NORTH FORT MYERS, INC.

**Current Principal Place of Business:**

2951 TRAIL DAIRY CIR  
NO FT MYERS, FL 33917 US

**New Principal Place of Business:**

**Current Mailing Address:**

2951 TRAIL DAIRY CIR  
N FT MYERS, FD 33917 US

**New Mailing Address:**

2951 TRAIL DAIRY CIR  
N FT MYERS, FL 33917 US

**FEI Number:** 65-0336641

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MIHOK, SANDRA  
236 LAS PALMAS BLVD  
NORTH FORT MYERS, FL 33903 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MIHOK, SANDRA  
Address: 236 LAS PALMAS BLVD  
City-St-Zip: NORTH FT. MYERS, FL 33903

Title: SD ( ) Delete  
Name: QUINLAN, CATHY  
Address: 5311 SAN GABRIEL CIRCLE  
City-St-Zip: NO FT MYERS, FL 33903

Title: VD ( ) Delete  
Name: KOLOD, FARY  
Address: 2521 PALO DURO CT  
City-St-Zip: NORTH FORT MYERS, FL 33917

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: MIHOK, SANDRA  
Address: 236 LAS PALMAS BLVD  
City-St-Zip: NORTH FT. MYERS, FL 33903 US

Title: SD (X) Change ( ) Addition  
Name: QUINLAN, CATHY  
Address: 5311 SAN GABRIEL CIRCLE  
City-St-Zip: NO FT MYERS, FL 33903 US

Title: VD (X) Change ( ) Addition  
Name: KOLOD, GARY  
Address: 2521 PALO DURO CT  
City-St-Zip: NORTH FORT MYERS, FL 33917 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CATTHY QUINLAN

SD

03/03/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date