

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N49017

**FILED**  
**Jan 19, 2010**  
**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, FL 33917 US

**New Mailing Address:**

**FEI Number:** 65-0336641

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HILBISH, RUSS  
530 CATALINA DRIVE  
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  
Name: HILBISH, RUSS  
Address: 530 CATALINA DRIVE  
City-St-Zip: NORTH FT. MYERS, FL 33903 US

Title: SD  
Name: STEPHENSON, JIM  
Address: 278 N. AMERS  
City-St-Zip: NO FT MYERS, FL 33903 US

Title: VD  
Name: BODEN, BILL  
Address: 2220 VALPARAISO BLVD  
City-St-Zip: NORTH FORT MYERS, FL 33917 US

Title: TREA  
Name: ST. ONGE, ROY  
Address: 19313 CEDAR CREST CIRCLE  
City-St-Zip: NORTH FORT MYERS, FL 33903

I hereby 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 all other like empowered.

SIGNATURE: RUSS HILBISH

PD

01/19/2010

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

\_\_\_\_\_  
Date