

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000530

FILED
Apr 17, 2004
Secretary of State

Entity Name: THE METHODIST FELLOWSHIP, INC.

Current Principal Place of Business:

2501 44TH TERR SW
NAPLES, FL 34116 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 8546
NAPLES, FL 34101 US

New Mailing Address:

FEI Number: 65-0470614

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LONE, WILLIAM E
2501 44TH TERRACE S.W.
NAPLES, FL 34116 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: DP () Delete
Name: LONE, WILLIAM E.
Address: 2501 44TH TERRACE S.W.
City-St-Zip: NAPLES, FL

Title: D () Delete
Name: BROWN, JOHN
Address: 11672 MCKENNA AVE.
City-St-Zip: BONITA SPRINGS, FL

Title: D () Delete
Name: LONE, DANIEL C.
Address: 27245 OLIVER DR
City-St-Zip: BONITA SPRINGS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: LONE, DANIEL C.
Address: 17451 CALOOSA TRACE CIRCLE
City-St-Zip: FT. MYERS, FL 33912

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: WILLIAM E. LONE

DR.

04/17/2004

Electronic Signature of Signing Officer or Director

Date