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Feb 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000000837 (2)**  
1. Corporation Name

**DISTRICT BOARD OF MISSIONS AND CHURCH EXTENSION  
OF THE FORT MYERS DISTRICT OF THE UNITED METHODIST**

Principal Place of Business	Mailing Address
<b>1805 ROYAL PALM AVE FT MYERS FL 33901</b>	<b>1805 ROYAL PALM AVE FT MYERS FL 33901</b>

3. Date Incorporated or Qualified

**02/14/1996**

4. FEI Number

**59-2317390**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21**  
Suite, Apt. #, etc.

**26**  
Suite, Apt. #, etc.

**22**  
City & State

**27**  
City & State

**23**  
Zip

Country

**28**  
Zip

Country

**24**

**25**

**29**

**30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HOFFMAN, WINNIFRED  
1805 ROYAL PALM AVE  
FORT MYERS FL 33901**

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City

**FL**

**85**

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>MOORE, DAVID</b>	
STREET ADDRESS	<b>9317 PINEAPPLE RD</b>	
CITY-ST-ZIP	<b>FT MYERS FL 33912</b>	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	<b>DV</b>	<input type="checkbox"/> DELETE
NAME	<b>SAUTER, TED L</b>	
STREET ADDRESS	<b>600 SEAGATE DR</b>	
CITY-ST-ZIP	<b>NAPLES FL 33940</b>	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

TITLE	<b>DS</b>	<input type="checkbox"/> DELETE
NAME	<b>GILL, ESTELENA</b>	
STREET ADDRESS	<b>4790-2101 S CLEVELAND AVE</b>	
CITY-ST-ZIP	<b>FT MYERS FL 33907</b>	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

TITLE	<b>DT</b>	<input type="checkbox"/> DELETE
NAME	<b>PRATHER, ALLEN</b>	
STREET ADDRESS	<b>619 SUNNYSIDE CT</b>	
CITY-ST-ZIP	<b>FT MYERS FL 33919</b>	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Allen Prather, Thras*

**ALLEN PRATHER**

**1/13/98**

**(941)277-0381**

CR2E037 (1097)