


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90121 044 \*\*\*\*61.25

03-10-1999

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N96000000837</b>					
1. Corporation Name <b>DISTRICT BOARD OF MISSIONS AND CHURCH EXTENSION OF THE FORT MYERS DISTRICT OF THE UNITED METHODIST</b>					
Principal Place of Business <b>1605 ROYAL PALM AVE FT MYERS FL 33901</b>			Mailing Address <b>1605 ROYAL PALM AVE FT MYERS FL 33901</b>		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/14/1996</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>59-2317390</b>	
22 City & State		27 City & State		Applied For <input type="checkbox"/> Not Applicable	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Country		Country		6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24		25		29	
30					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>HOFFMAN, WINNIFRED 1605 ROYAL PALM AVE FORT MYERS FL 33901</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City <b>FL</b> 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			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE <b>DP</b>				1.1 TITLE			
NAME <b>MOORE, DAVID</b>				1.2 NAME			
STREET ADDRESS <b>9317 PINEAPPLE RD</b>				1.3 STREET ADDRESS			
CITY-ST-ZIP <b>FORT MYERS FL 33912</b>				1.4 CITY-ST-ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE <b>DV</b>				2.1 TITLE			
NAME <b>SAUTER, TED L</b>				2.2 NAME			
STREET ADDRESS <b>600 SEAGATE DR</b>				2.3 STREET ADDRESS			
CITY-ST-ZIP <b>NAPLES FL 33940</b>				2.4 CITY-ST-ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE <b>DS</b>				3.1 TITLE			
NAME <b>GILL, ESTELENA</b>				3.2 NAME			
STREET ADDRESS <b>4790-2101 S CLEVELAND AVE</b>				3.3 STREET ADDRESS			
CITY-ST-ZIP <b>FT MYERS FL 33907</b>				3.4 CITY-ST-ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE <b>DT</b>				4.1 TITLE			
NAME <b>PRATHER, ALLEN</b>				4.2 NAME			
STREET ADDRESS <b>619 SUNNYSIDE CT</b>				4.3 STREET ADDRESS			
CITY-ST-ZIP <b>FT MYERS FL 33919</b>				4.4 CITY-ST-ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE				5.1 TITLE			
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE				6.1 TITLE			
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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, with all other like empowered.

SIGNATURE:

*Allen Prather*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/99

941-277-0381

Date

Daytime Phone #

CR2E037 (1/1/98)