

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State
 02-19-2002 90007 021 ****61.25

DOCUMENT # N96000000837

1. Entity Name
**DISTRICT BOARD OF MISSIONS AND CHURCH EXTENSION
 OF THE FORT MYERS DISTRICT OF THE UNITED METHODIST**

Principal Place of Business 3820 COLONIAL BOULEVARD SUITE 103 FORT MYERS FL 33912 US	Mailing Address 3820 COLONIAL BOULEVARD SUITE 103 FORT MYERS FL 33912 US
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2. Principal Place of Business SAME	3. Mailing Address SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**HOFFMAN, WINNIFRED
 3820 COLONIAL BOULEVARD
 SUITE 103
 FORT MYERS FL 33912**

7. Name and Address of New Registered Agent
 Name **SAME**
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PATCH, SHARON DR 3820 COLONIAL BLVD SUITE #103 FORT MYERS FL 33912 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Charlie Rentz 4118 Coronado Parkway Cape Coral, FL 33904 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT PRATHER, ALLEN 619 SUNNYSIDE CT F. MYERS FL 33919 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TIDWELL, ALBERT L 12930 TIFFANY RD BOKEELIA FL 33922 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VRA HOFFMAN, WINNIFRED 3820 COLONIAL BLVD SUITE #103 FORT MYERS FL 33912 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRYANT, BARBARA 270 BELVEDERE PUNTA GORDA FL 33950 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILL, ESTELENA 4790-2101 S CLEVELAND AVENUE FORT MYERS FL 33907 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *John A. Prather, Jr.* **REQUIRED** **A. Prather, Jr.** 1/24/01 941-277-0381
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)