## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N96000000837

FILED Jan 20, 2004 Secretary of State

Entity Name: DISTRICT BOARD OF MISSIONS AND CHURCH EXTENSION OF THE FORT MYERS DISTRICT OF

THE UNITED METHODIST CHURCH, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

3820 COLONIAL BOULEVARD

SUITE 103

FORT MYERS, FL 33912

**New Mailing Address: Current Mailing Address:** 

3820 COLONIAL BOULEVARD SUITE 103 FORT MYERS, FL 33912

FEI Number: 59-2317390 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

HOFFMAN, WINNIFRED 3820 COLONIAL BOULEVARD SUITE 103 FORT MYERS, FL 33912 US

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:

Date

Electronic Signature of Registered Agent

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete () Change () Addition

PATCH, SHARON DR Name: Name: 3820 COLONIAL BLVD SUITE #103 Address: Address:

City-St-Zip: FORT MYERS, FL 33912 City-St-Zip:

Title: DT ( ) Delete Title: () Change () Addition

PRATHER, ALLEN Name: Name: Address: 619 SUNNYSIDE CT Address: City-St-Zip: FT MYERS, FL 33919 City-St-Zip:

Title: DP () Delete Title: DP (X) Change ( ) Addition

TIDWELL, ALBERT L Name: NOLAND, JOHN Name: 12930 TIFFANY RD 1715 MONROE STREET Address: Address: City-St-Zip: BOKEELIA, FL 33922 City-St-Zip: FORT MYERS, FL 33901

Title: SD ( ) Delete Title: () Change () Addition

Name: HOFFMAN, WINNIFRED Name: Address: 3820 COLONIAL BLVD., SUITE #103 Address: City-St-Zip: FORT MYERS, FL 33912 City-St-Zip:

Title: VD () Delete Title: (X) Change ( ) Addition

RENTZ, CHARLIE CARY, GLENN Name: Name: 4118 CORONADO PKWY 18451 N OLGA ROAD Address: Address: City-St-Zip: CAPE CORAL, FL 33904 City-St-Zip: ALVA, FL 33920

Title: () Delete Title: ( ) Change (X) Addition

MOORE, DAVID Name: Name:

Address: Address: 7290 COLLEGE PARKWAY #306 FORT MYERS, FL 33907 City-St-Zip: City-St-Zip:

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: WINNIFRED HOFFMANN SD 01/20/2004