

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

0045547

DOCUMENT # N99000000096

1. Entity Name

FORT MYERS MONTHLY MEETING OF THE RELIGIOUS SOCIETY OF FRIENDS, INC.

03-28-2002 90122 015 *****61.25

Principal Place of Business IONA HOUSE, CALUSA NATURE CENTER ORTIZ AVENUE FORT MYERS FL	Mailing Address 9840 LAKE FAIRWAY NORTH FORT MYERS FL 33903
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number 65-0607361	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WEBBER, ALBERT F
350 SE 33RD TERRACE
CAPE CORAL FL 33904

7. Name and Address of New Registered Agent

Name **WEBBER, ALBERT F.**
 Street Address (P.O. Box Number is Not Acceptable) **335 NAUTILUS COURT**
 City **FT. MYERS** FL Zip Code **33908**

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 _____ DATE **03/11/2002**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	DENEVERS, ANN
STREET ADDRESS	9840 LAKE FAIRWAYS
CITY-ST-ZIP	NORTH FORT MYERS FL 33903
TITLE	D <input type="checkbox"/> Delete
NAME	BUTLER, LARRY S
STREET ADDRESS	2755 PROVIDENCE STREET
CITY-ST-ZIP	FORT MYERS FL 33916
TITLE	D <input type="checkbox"/> Delete
NAME	WEBBER, ALBERT F
STREET ADDRESS	350 SE 33RD TERR.
CITY-ST-ZIP	CAPE CORAL FL 33904
TITLE	D <input type="checkbox"/> Delete
NAME	WHITE, THERON
STREET ADDRESS	5660 GRILLET ROAD
CITY-ST-ZIP	FORT MYERS FL 33919
TITLE	D <input type="checkbox"/> Delete
NAME	DEWITT, ELIZABETH
STREET ADDRESS	15231 SAM SNEAD LANE
CITY-ST-ZIP	NORTH FORT MYERS FL 33917
TITLE	D <input type="checkbox"/> Delete
NAME	FENNELL, THOMAS D
STREET ADDRESS	52 FENNY BOSK TRAIL
CITY-ST-ZIP	VENUS FL 33960

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	WEBBER ALBERT F
CITY-ST-ZIP	335 NAUTILUS COURT
CITY-ST-ZIP	FT. MYERS, FL 33908
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Thomas D. Fennell Date **03/11/2002** Daytime Phone # **863-699-1276**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)