

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90125 038 ****61.25

DOCUMENT # 710482

1. Entity Name

ST. MARK'S UNITED METHODIST CHURCH, INC.



Principal Place of Business

**2030 N. HWY. A-1-A
INDIALANTIC FL 32903**

Mailing Address

**2030 N. HWY. A-1-A
INDIALANTIC FL 32903**

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 **59-0979084**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLORIDA CONFERENCE

**1140 E. McDONALD ST, UNITED METHODIST CHURCH
LAKELAND FL 33802**

Name

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **CHAPMAN, JIM**
CITY-ST-ZIP **505 MAGNOLIA AVENUE
MELBOURNE BEACH FL 32951**

TITLE ☐ Change ☒ Addition
NAME **Barry Hoover**
STREET ADDRESS **1208 Seminole Drive**
CITY-ST-ZIP **Indian Harbour Beach, FL 32937**

TITLE ☒ Delete
NAME **T**
STREET ADDRESS **WEATHERLEY, MARGARET**
CITY-ST-ZIP **1575 HARLOCK ROAD
MELBOURNE FL 32934**

TITLE ☐ Change ☒ Addition
NAME **Bert Martin (Chair)**
STREET ADDRESS **106 Freddie Street**
CITY-ST-ZIP **Indian Harbour Beach, FL 32937**

TITLE ☒ Delete
NAME **T**
STREET ADDRESS **WAVERING, GLORIA J.**
CITY-ST-ZIP **871 REMSEN AVENUE NW
PALM BAY FL**

TITLE ☐ Change ☒ Addition
NAME **Walter Manning**
STREET ADDRESS **587 Spindle Palm Drive**
CITY-ST-ZIP **Indialantic, FL 32903**

TITLE ☒ Delete
NAME **T**
STREET ADDRESS **KROUPA, CAL**
CITY-ST-ZIP **2580 S HWY A1A #83
MELBOURNE BEACH FL 32951**

TITLE ☐ Change ☒ Addition
NAME **Lou Pace**
STREET ADDRESS **421 East Riviera Blvd.**
CITY-ST-ZIP **Indialantic, FL 32903**

TITLE ☒ Delete
NAME **T**
STREET ADDRESS **HICK, DAVE**
CITY-ST-ZIP **470 COACH ROAD
SATELLITE BEACH FL 32937**

TITLE ☐ Change ☒ Addition
NAME **Eliot Kilroy**
STREET ADDRESS **2730 Hwy. A 1A Box 46**
CITY-ST-ZIP **Melbourne Beach, FL 32951**

TITLE ☒ Delete
NAME **T**
STREET ADDRESS **VAN DORIN, LOUIS**
CITY-ST-ZIP **310 AVENIDA DE PAZ
INDIALANTIC FL 32903**

TITLE ☐ Change ☒ Addition
NAME **Vivian Fogle**
STREET ADDRESS **131 Anona Place**
CITY-ST-ZIP **Indian Harbour Beach, FL 32937**

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: **X**

Jim R. Chapman

X 2/9/2003

X 3217295100

CR2E037 (10/02)