FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **712319** **(3)**

1. Corporation Name

PALM BAY UNITED METHODIST CHURCH, INC.

Principal Place of Business	Mailing Address
2100 PORT MALABAR BLV NE PALM BAY FL 32905	2100 PORT MALABAR BLV NE PALM BAY FL 32905

3. Date Incorporated or Qualified: **02/28/1967**

3a. Date of Last Report: **09/29/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number: **59-1310615** ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

~~BOGGS, JENNY K~~
~~2565 WARREN ST.~~
~~W. MELBOURNE FL 32904~~

10. Name and Address of New Registered Agent

81 Name R.L. HARRISON
82 Street Address (P.O. Box Number is Not Acceptable) 2166 GUNPOWDER DR NE
83
84 City PALM BAY FL 85 Zip Code 32905

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 R.L. Harrison Jan 16, 1996
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		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	NORTON, TOM H.		1.2 NAME		
STREET ADDRESS	2100 PORT MALABAR BLV NE		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BAY FL		1.4 CITY-ST-ZIP		
TITLE	CD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SAPP CARL		2.2 NAME		
STREET ADDRESS	193 AWIN CIRCLE SE		2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BAY FL		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ROLLINS, JOHN		3.2 NAME		
STREET ADDRESS	4680-3 LK.WATERFORD WAY		3.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	RABUN, KATHRYN		4.2 NAME		
STREET ADDRESS	2978 RED GROVE DR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BAY FL 32905		4.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	5.1 TITLE	SD	☐ Change ☑ Addition
NAME	BOGGS, JENNY K		5.2 NAME	R.L. HARRISON	
STREET ADDRESS	2565 WARREN ST.		5.3 STREET ADDRESS	2166 GUNPOWDER DR NE	
CITY-ST-ZIP	W. MELBOURNE FL 32904		5.4 CITY-ST-ZIP	PALM BAY, FL 32905	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: R.L. Harrison V.P. Jr. Pastor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 16 1996 (407) 727-8651
Date Daytime Phone #