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Jun 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☑ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

WINANS, LE
725 PT MALABAR BLVD NE
PALM BAY FL 32905

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 85 Zip Code

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	Brad Nimmo S	☐ Change ☑ Addition
NAME	GODBOLD, M ANNE		1.2 NAME		
STREET ADDRESS	2100 PORT MALABAR BLV NE		1.3 STREET ADDRESS	3187 Panama Drive	
CITY-ST-ZIP	PALM BAY FL		1.4 CITY-ST-ZIP	Melbourne, Fl. 32934	
TITLE	TD	☐ DELETE	2.1 TITLE	Lester Cassel TD	☐ Change ☑ Addition
NAME	REAVES, DON		2.2 NAME		
STREET ADDRESS	1296 CONE AVE NE		2.3 STREET ADDRESS	2074 Mattison Drive NE	
CITY-ST-ZIP	PALM BAY FL		2.4 CITY-ST-ZIP	Palm Bay, Fl. 32905	
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BLENIS, BRIAN		3.2 NAME		
STREET ADDRESS	540 VERMONT ST NE		3.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BAY FL		3.4 CITY-ST-ZIP		
TITLE	S	☑ 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		4.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	DINHAM, ROY		5.2 NAME		
STREET ADDRESS	256 ROMAN AVE NE		5.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BAY FL		5.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	6.1 TITLE	400002545624	☐ Change ☐ Addition
NAME	WINANS, LE		6.2 NAME	-06/03/98--01023--035	
STREET ADDRESS	725 PT MALABAR BLD NE		6.3 STREET ADDRESS	***61.25	
CITY-ST-ZIP	PALM BAY FL		6.4 CITY-ST-ZIP		

5
6.2

CR2E037 (10/97)

14. 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 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: L. Winans 4/28/98 407 727 8651