

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90167 013 ****61.25

DOCUMENT # 712319

1. Entity Name
PALM BAY UNITED METHODIST CHURCH, INC.



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

Mailing Address
**2100 PORT MALABAR BLV NE
PALM BAY FL 32905**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1310615**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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 **P** ☐ Delete
NAME **DOWNES, PATRICIA**
STREET ADDRESS **2796 RODEO DR**
CITY-ST-ZIP **PALM BAY FL 32905**

TITLE ☐ Change ☐ Addition
NAME **Robert Horner**
STREET ADDRESS **1315 Pemberton Trail**
CITY-ST-ZIP **Malabar FL 32950**

TITLE **D** ☒ Delete
NAME **MASSINGILL, DAVID**
STREET ADDRESS **751 JAMES CIRCLE NE**
CITY-ST-ZIP **PALM BAY FL 32905**

TITLE **D** ☐ Change ☒ Addition
NAME **Robert Horner**
STREET ADDRESS **1315 Pemberton Trail**
CITY-ST-ZIP **Malabar FL 32950**

TITLE **D** ☐ Delete
NAME **RAY, JAMES**
STREET ADDRESS **4030 ADAMS LANE**
CITY-ST-ZIP **MALABAR FL 32950**

TITLE ☐ Change ☐ Addition
NAME **Robert Horner**
STREET ADDRESS **1315 Pemberton Trail**
CITY-ST-ZIP **Malabar FL 32950**

TITLE **S** ☒ Delete
NAME **FERNANDES, LORNA**
STREET ADDRESS **7724-8 GREENBORO DR.**
CITY-ST-ZIP **MELBOURNE FL 32934**

TITLE **S** ☐ Change ☐ Addition
NAME **Elizabeth Downs**
STREET ADDRESS **7667 N. Wickham Rd**
CITY-ST-ZIP **Melbourne FL 32940**

TITLE **TD** ☐ Delete
NAME **DINHAM, ROY**
STREET ADDRESS **256 ROMAN AVE NE**
CITY-ST-ZIP **PALM BAY FL**

TITLE ☐ Change ☐ Addition
NAME **Robert Horner**
STREET ADDRESS **1315 Pemberton Trail**
CITY-ST-ZIP **Malabar FL 32950**

TITLE **T** ☐ Delete
NAME **WINANS, LE**
STREET ADDRESS **725 PT MALABAR BLD NE**
CITY-ST-ZIP **PALM BAY FL**

TITLE ☐ Change ☐ Addition
NAME **Robert Horner**
STREET ADDRESS **1315 Pemberton Trail**
CITY-ST-ZIP **Malabar FL 32950**

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:

SIGNATURE REQUIRED WINANS

4/30/03

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CR2E037 (10/02)