

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 29, 2000 8:00 am**  
**Secretary of State**

01-29-2000 90092 035 \*\*\*\*61.25

**DOCUMENT # 735596**

1. Entity Name

**MIMS UNITED METHODIST CHURCH, INC.**

Principal Place of Business

Mailing Address

**3302 GREEN ST.  
MIMS FL 32754**

**3302 GREEN ST.  
MIMS FL 32754-3813**

DUUUUUUU



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**3302 Green Street**

3. Mailing Address

**Same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Mims, Florida**

City & State  
**Mims, Florida**

4. FEI Number  
**59-2354758**

Applied For  
 Not Applicable

Zip  
**32754**

Country  
**Brevard**

Zip  
**32754**

Country  
**Brevard**

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

**TOUCHTON, BILL  
3475 TRACY CT  
MIMS FL 32754**

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.

SIGNATURE

*Bill Touchton*

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  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JOHNSTON, J. C. JR.</b> <b>2565 LEE RD</b> <b>MIMS FL 32754</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SHROYER, RICHARD</b> <b>2610 PINE AVE</b> <b>MIMS FL 32754</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D.</b> <b>KERSHNER, NINA</b> <b>4144 W MAIN ST</b> <b>MIMS FL 32754</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BEVILLE, MICKEY</b> <b>4118 PECAN ST</b> <b>MIMS FL 32754</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TOUCHTON, BILL</b> <b>3475 TRACY CT</b> <b>MIMS FL 32754</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BAUMBERGER, JIM</b> <b>3095 ROSEMARIE DR</b> <b>TITUSVILLE FL 32796</b>	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Herman Walter</b> <b>4383 Lantern Drive</b> <b>Titusville, FL 32796</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Matthew Amato</b> <b>1036 Rosella Lane</b> <b>Titusville, FL 32780</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>David Tilton</b> <b>3245 Teal Street</b> <b>Titusville, FL 32796</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Edson Harris</b> <b>3504 W. Main Street</b> <b>Mims, FL 32754</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Jerry Kyzer</b> <b>2355 Broadway</b> <b>Mims, FL 32754</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Donald Sheets</b> <b>3884 Arlington Avenue</b> <b>Mims, FL 32754</b>

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 files empowered.

SIGNATURE:

*Bill Touchton*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

321-267-6202

Date Daytime Phone #

CR2E037 (9/99)