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FILED

Mar 11 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 707813 (2)

1. Corporation Name

THE ST. PAULS UNITED METHODIST CHURCH, INC.

Principal Place of Business

1591 HIGHLAND AVENUE
EAU GALLIE FL 32935

Mailing Address

1591 HIGHLAND AVENUE
EAU GALLIE FL 32935-6520

3. Date Incorporated or Qualified

09/14/1964

3a. Date of Last Report

02/19/1996

4. FEI Number

59-0806982

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fees Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REDSTONE, DENNIS
2076 TREVINO CIRCLE
MELBOURNE FL 32935

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

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	P	<input checked="" type="checkbox"/> DELETE
NAME	GRIMES, CAROL	
STREET ADDRESS	1737 HUDSON CIRCLE SOUTH	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COOK, WILLIAM	
STREET ADDRESS	1803 DODGE CIRCLE, N.	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CATES, JIM	
STREET ADDRESS	2349 LAKEVIEW DRIVE	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SYLVESTER, TOM	
STREET ADDRESS	2767 VILLAGE PARK DR	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	PHILLIPS, JEFFREY	
STREET ADDRESS	3001 SWEET OAK DRIVE	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	FLAMM, RICHARD	
STREET ADDRESS	1992 ADAMS AVENUE	
CITY-ST-ZIP	MELBOURNE FL	

1.1 TITLE	P/C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	George E. Palmer	
1.3 STREET ADDRESS	1881 Pineapple Ave.	
1.4 CITY-ST-ZIP	Melbourne, FL. 32935	
2.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Bill Gordon	
2.3 STREET ADDRESS	1 Yacht Club Ln.	
2.4 CITY-ST-ZIP	Indian Harbor Bch., FL. 32937	
3.1 TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Nancy Snipes	
3.3 STREET ADDRESS	540 Rio Pino N.	
3.4 CITY-ST-ZIP	Indialantic, FL. 32903	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Bill Dyches	
5.3 STREET ADDRESS	200 River Road Circle	
5.4 CITY-ST-ZIP	Rockledge, FL. 32955	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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:

George E. Palmer

5 Mar 97 (467) 254-6312

CR2E037 (9/96)