

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

03-29-2002 90196 029 \*\*\*\*61.25

0014170

**DOCUMENT # 707813**

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

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

**HAMM, ERICH  
2076 TREVINO CIRCLE  
MELBOURNE FL 32935**

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

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 **PC** ☐ Delete  
NAME **PALMER, GEORGE E.**  
STREET ADDRESS **1881 PINEAPPLE AVE**  
CITY-ST-ZIP **MELBOURNE FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VD** ☐ Delete  
NAME **FLAMM, RICHARD**  
STREET ADDRESS **1992 ADAMS AVE**  
CITY-ST-ZIP **MELBOURNE FL 32935**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **SD** ☐ Delete  
NAME **PEGAM, BARBAR**  
STREET ADDRESS **1135 CARISSA PL**  
CITY-ST-ZIP **MELBOURNE FL 32935**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **T** ☐ Delete  
NAME **SYLVESTER, TOM**  
STREET ADDRESS **2767 VILLAGE PARK DR**  
CITY-ST-ZIP **MELBOURNE FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☒ Delete  
NAME **PARKER, BILL**  
STREET ADDRESS **1325 HIAWATHA ST**  
CITY-ST-ZIP **MELBOURNE FL 32935**

TITLE **D** ☐ Change ☒ Addition  
NAME **James T. Cates**  
STREET ADDRESS **2349 Lakeview Dr.**  
CITY-ST-ZIP **Melbourne, FL. 32935**

TITLE **D** ☒ Delete  
NAME **HINES, BILL**  
STREET ADDRESS **784 INDIAN RIVER DR**  
CITY-ST-ZIP **MELBOURNE FL 32935**

TITLE **D** ☐ Change ☒ Addition  
NAME **Robert T. Helfrich**  
STREET ADDRESS **2123 Leewood Blvd.**  
CITY-ST-ZIP **Melbourne, FL. 32935**

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:

*George E. Palmer* **GEORGE E. PALMER** 18 Mar 2002 321254-4744

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)