I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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
above, or on an attachment with all other like empowered.

PRESIDENT

SIGNATURE: BRIAN THOMSON

I

Electronic Signature of Signing Officer/Director Detail

Entity Name: THE ST. PAULS UNITED METHODIST CHURCH, INC.

## **Current Principal Place of Business:**

1591 HIGHLAND AVENUE MELBOURNE, FL 32935

## **Current Mailing Address:**

**1591 HIGHLAND AVENUE** MELBOURNE, FL 32935

## FEI Number: 59-0806592

## Name and Address of Current Registered Agent:

CHILDS , SUZY L 1591 HIGHLAND AVE. MELBOURNE, FL 32935 US

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	E: SUZY L CHILDS			03/11/2013
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	PD	Title	VD	
Name	THOMSON, BRIAN	Name	KNEPPER, JAMES	
Address	2310 POLONIUS LANE	Address	4725 N. US HWY 1	
City-State-Zip:	MELBOURNE FL 32934	City-State-Zip:	MELBOURNE FL 32935	
Title	SD	Title	TD	
Name	SPEIGHTS, LOUISE	Name	SMITH, JASPER A	
Address	1776 DODGE CIRCLE S	Address	2091 MARYWOOD RD	
City-State-Zip:	MELBOURNE FL 32935	City-State-Zip:	MELBOURNE FL 32934	
Title Name Address City-State-Zip:	ATD GUTWEIN, JONALENE 5185 PERCHERON DRIVE MELBOURNE FL 32934			
ony otate zip.				

Certificate of Status Desired: No

FILED Mar 11, 2013 **Secretary of State** CC5953865101

> 03/11/2013 Date