

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 16 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **702589** (3)  
1. Corporation Name  
**FIRST UNITED METHODIST CHURCH OF TITUSVILLE, INC**



Principal Place of Business <b>206 S HOPKINS AVE 206 S HOPKINS AV TITUSVILLE FL 32786 US</b>	Mailing Address <b>P O BOX 6486 206 S HOPKINS AV TITUSVILLE FL 32782-486 US</b>
---	--

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

3. Date Incorporated or Qualified <b>06/22/1961</b>	4. FEI Number <b>59-1084415</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent  
**JOHNSON, FRENCH  
1904 ROBINHOOD CT  
TITUSVILLE FL 32786**

10. Name and Address of New Registered Agent  
81 Name **John Moore**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**2930 St. Marks Dr.**  
83  
84 City **Titusville** FL 85 Zip Code **32780**

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 *John P. Moore* (NOTE: Registered Agent signature required when reinstating) DATE **2/3/98**

12. OFFICERS AND DIRECTORS

TITLE	D	NAME	PEDDICORD, RICHARD	STREET ADDRESS	1840 TICONDEROGA CT	CITY-ST-ZIP	TITUSVILLE FL	<input type="checkbox"/> DELETE
TITLE	C	NAME	JOHNSON, FRENCH	STREET ADDRESS	1904 ROBINHOOD CT	CITY-ST-ZIP	TITUSVILLE FL	<input checked="" type="checkbox"/> DELETE
TITLE	D	NAME	MAYS, DALE	STREET ADDRESS	3375 AURANTIA ROAD	CITY-ST-ZIP	MIMS FL	<input checked="" type="checkbox"/> DELETE
TITLE	V	NAME	HOLMES, ROBERT	STREET ADDRESS	3972 HUNTERS RIDGE WAY	CITY-ST-ZIP	TITUSVILLE FL	<input type="checkbox"/> DELETE
TITLE	D	NAME	STYLES, DIANE	STREET ADDRESS	4211 LONGBOW DR	CITY-ST-ZIP	TITUSVILLE FL	<input type="checkbox"/> DELETE
TITLE	S	NAME	LEWIS, RUTH	STREET ADDRESS	3648 FRAZIER COURT	CITY-ST-ZIP	TITUSVILLE FL	<input checked="" type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	1.2 NAME	San Grimaud	1.3 STREET ADDRESS	2001 Sun Valley St	1.4 CITY-ST-ZIP	Titusville, FL 32780	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE	C	2.2 NAME	John Moore	2.3 STREET ADDRESS	2930 SE. Marks Dr.	2.4 CITY-ST-ZIP	Titusville, FL 32780	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE	D	3.2 NAME	John Watkins	3.3 STREET ADDRESS	3596 Alan Dr.	3.4 CITY-ST-ZIP	Titusville, FL 32780	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		4.2 NAME		4.3 STREET ADDRESS		4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE		5.2 NAME		5.3 STREET ADDRESS		5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	S	6.2 NAME	William Queen	6.3 STREET ADDRESS	3085 Saunders Pl	6.4 CITY-ST-ZIP	Titusville, FL 32780	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. 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 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: *John P. Moore* AS CHAIR THIRTEE DATE **2/3/98**

CR2E037 (10/97)