

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 703175 (0)

1. Corporation Name

THE DELAND DISTRICT BOARD OF MISSIONS OF THE UNITED METHODIST CHURCH, INC.

Principal Place of Business

898 N BOSTON AVE
DELAND FL 32724

Mailing Address

898 N BOSTON AVE
DELAND FL 32724

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 24 PM 3:02

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/13/1961

3a. Date of Last Report

01/20/1994

4. FEI Number

59-2252935

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒ \$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☒ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

BOEHM, RICHARD
435 S RIDGEWOOD AVE
BOX 6511 (32122)
DAYTONA BEACH FL 32114

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, by the principal name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

1-13-95

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME FLORES, FRED R.
STREET ADDRESS 100 COUNTRY CLUB DRIVE
CITY - ST - ZIP ORMOND BEACH FL

TITLE DST
NAME PADGETT, DONALD F.
STREET ADDRESS 898 N. BOSTON AVE.
CITY - ST - ZIP DELAND FL

TITLE D
NAME AVCHIN, NORMA
STREET ADDRESS 1414 MAGNOLIA
CITY - ST - ZIP NEW SMYRNA BCH FL

TITLE DV
NAME BROWN, ROBERT C.
STREET ADDRESS 201 S. PENINSULA AVENUE
CITY - ST - ZIP NEW SMYRNA BEACH FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 190.07(3)(b), 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: *Donald F. Padgett*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rev. Donald F. Padgett, DeLand District Superintendent

1-13-95

Date

(904) 734-1057

Telephone #