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Feb 27 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

Mailing Address

303 E. KENTUCKY AVENUE
DELAND FL 32724

303 E. KENTUCKY AVENUE
DELAND FL 32724-2477

3. Date Incorporated or Qualified
11/13/1961

3a. Date of Last Report
03/05/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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	C	<input checked="" type="checkbox"/> DELETE
NAME	BALDWIN, WILLIAM L	
STREET ADDRESS	115 E HOWRY	
CITY-ST-ZIP	DELAND FL 32724	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MONTFORT, DUNCAN C JR.	
STREET ADDRESS	303 E. KENTUCKY AVENUE	
CITY-ST-ZIP	DELAND FL 32724	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RABB, LESLIE	
STREET ADDRESS	1896 S. CLARA AVE.	
CITY-ST-ZIP	DELAND FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	BROWN, ROBERT C.	
STREET ADDRESS	201 S. PENINSULA AVENUE	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	JENKINS, GEORGE	
STREET ADDRESS	207 W UNIVERSITY	
CITY-ST-ZIP	DELAND FL 32720	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SMITH, DANA	
STREET ADDRESS	174 GROVE ST	
CITY-ST-ZIP	ORMOND BEACH FL 32174	

1.1 TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Mercer, Ray	
1.3 STREET ADDRESS	410 N. Anderson Street (N/A)	
1.4 CITY-ST-ZIP	Bunnell FL 32110	
2.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	McGaffie, David	
2.3 STREET ADDRESS	396 E University	
2.4 CITY-ST-ZIP	Orange City FL 32763	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input 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:

SIGNATURE Montfort, C. Duncan, Jr. Deland District Superintendent

Daytime Phone # 0013522

CR2E037 (9/96)