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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

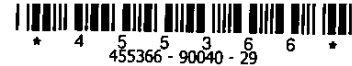
DOCUMENT # 703175

1. Corporation Name

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

Principal Place of Business  
303 E. KENTUCKY AVENUE  
DELAND FL 32724

Mailing Address  
303 E. KENTUCKY AVENUE  
DELAND FL 32724



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified  
11/13/1961

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
59-2252935

Applied For  
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

24 Zip Country

29 Zip Country

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  
NAME MERCER, RAY  
STREET ADDRESS 410 N ANDERSON ST  
CITY-ST-ZIP BUNNELL FL

1.1 TITLE C  
1.2 NAME Crabill, Robert  
1.3 STREET ADDRESS 191 Westhampton Drive  
1.4 CITY-ST-ZIP Palm Coast, FL 32164

TITLE D  
NAME DUNCAN, MONFORT C J  
STREET ADDRESS 303 E. KENTUCKY AVENUE  
CITY-ST-ZIP DELAND FL 32724

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D  
NAME CHAPMAN, ROBERT  
STREET ADDRESS 121 W DELAWARE AVE  
CITY-ST-ZIP LAKE LAND FL 32744

3.1 TITLE S  
3.2 NAME Chapman, Robert  
3.3 STREET ADDRESS 121 W Delaware Avenue  
3.4 CITY-ST-ZIP Lake Helen, FL 32744

TITLE D  
NAME GREEN, COLLACE  
STREET ADDRESS 13 CHOCTAW TERRACE  
CITY-ST-ZIP ORMOND BEACH FL 32174

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE S  
NAME MCGAFFIC, DAVID  
STREET ADDRESS 396 E UNIVERSITY  
CITY-ST-ZIP ORANGE CITY FL

5.1 TITLE D  
5.2 NAME McQueen, Jr., S. Dwight  
5.3 STREET ADDRESS 209 Herada Street  
5.4 CITY-ST-ZIP St. Augustine, FL 32084

TITLE T  
NAME SMITH, DANA  
STREET ADDRESS 174 GROVE ST  
CITY-ST-ZIP ORMOND BEACH FL 32174

6.1 TITLE T  
6.2 NAME Smith, Dana  
6.3 STREET ADDRESS 5 Arch Angel  
6.4 CITY-ST-ZIP Ormond Beach, FL 32174

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/99

904-734-1057  
Daytime Phone #

CR2E037 (1/98)