

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

**APPROVED
AND
FILED**

CORPORATION
ANNUAL REPORT
1995



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

95 MAR -2 PH 2: 51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 707783 (7)
1. Corporation Name
UNITED METHODIST CHURCH OF SATELLITE BEACH, INC.

Principal Place of Business	Mailing Address
450 LEE AVE SATELLITE BEACH FL 32937 US	450 LEE AVE SATELLITE BEACH FL 32937 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/09/1964	3a. Date of Last Report 02/22/1994
4. FEI Number 59-1100835	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
**COOK, LARRY E., REV.
450 LEE AVE.
SATELLITE BEACH FL FL 32937**

10. Name and Address of New Registered Agent

B1 Name	REV. MICHAEL T. SHIRLEY
B2 Street Address (P.O. Box Number is Not Acceptable)	
B3	
B4 City	FL
B5 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 607.0705, Florida Statutes.

SIGNATURE Michael T. Shirley **Michael T. Shirley** **2/21/95**
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	MCCLURE, JERRYAN
STREET ADDRESS	165 CRISPIN, RR #3
CITY - ST - ZIP	MERRITT ISLAND FL
TITLE	D
NAME	POWELL, CLIFFORD A.
STREET ADDRESS	300 HAMLIN AVE
CITY - ST - ZIP	SATELLITE BEACH FL
TITLE	S
NAME	TOM, JOE
STREET ADDRESS	400 CINNAMON DRIVE
CITY - ST - ZIP	SATELLITE BEACH FL
TITLE	D
NAME	JACOBS, ROBERT G.
STREET ADDRESS	223 N.E. FIRST COURT
CITY - ST - ZIP	SATELLITE BEACH FL
TITLE	C
NAME	HAASE, III W
STREET ADDRESS	495 COACH ROAD
CITY - ST - ZIP	SATELLITE BEACH FL
TITLE	VC
NAME	LUECK, DEBRA ANN
STREET ADDRESS	450 HAMLIN AVE
CITY - ST - ZIP	SATELLITE BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Rogers, Richard	
1.3 STREET ADDRESS	595 Temple Street	
1.4 CITY - ST - ZIP	Satellite Beach, FL 32937	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Parker, Ronald	
2.3 STREET ADDRESS	60 W. Oak Drive, #A	
2.4 CITY - ST - ZIP	Satellite Beach, FL 32937	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Clark, Terri	
3.3 STREET ADDRESS	1209 Banana River Drive	
3.4 CITY - ST - ZIP	Indian Harbour Beach, FL 32937	
4.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Jacobs, Robert G.	
4.3 STREET ADDRESS	223 N.E. First Court	
4.4 CITY - ST - ZIP	Satellite Beach, FL 32937	
5.1 TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Tom, Joe	
5.3 STREET ADDRESS	400 Cinnamon Drive	
5.4 CITY - ST - ZIP	Satellite Beach, FL 32937	
6.1 TITLE	VC	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Lueck, Debra Ann	
6.3 STREET ADDRESS	450 Hamlin Avenue	
6.4 CITY - ST - ZIP	Satellite Beach, FL 32937	

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 110.07(3)(a), 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 in an attachment with an address.

SIGNATURE: Richard C. Rogers **Richard Rogers** **(407) 773-4736**
Signature and typed or printed name of signing officer or director. (Name) (Daytime / Home #)