

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/09/1964	3a. Date of Last Report 03/02/1995
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1100835	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SHIRLEY, REV. MICHAEL T 450 LEE AVE. SATELLITE BEACH FL FL 32937				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: *Michael T. Shirley* **Michael T. Shirley** 1/25/96
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 type="checkbox"/> DELETE	1.1 TITLE	C <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGERS, RICHARD	1.2 NAME	Rogers, Richard
STREET ADDRESS	595 TEMPLE ST	1.3 STREET ADDRESS	1405 Hwy A1A, Unit 301
CITY-ST-ZIP	SATELLITE BEACH FL	1.4 CITY-ST-ZIP	Satellite Beach, FL 32937
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKER, RONALD	2.2 NAME	Tom, Joe
STREET ADDRESS	60 W. OAK DR. #A	2.3 STREET ADDRESS	400 Cinnamon Drive
CITY-ST-ZIP	SATELLITE BEACH FL	2.4 CITY-ST-ZIP	Satellite Beach, FL 32937
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, TERRI	3.2 NAME	Freer, Jerry
STREET ADDRESS	1209 BANANA RIVER DR	3.3 STREET ADDRESS	300 Greenway
CITY-ST-ZIP	INDIAN HARBOUR BEACH FL	3.4 CITY-ST-ZIP	Satellite Beach
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBS, ROBERT G.	4.2 NAME	Burns, Roger
STREET ADDRESS	223 N.E. FIRST COURT	4.3 STREET ADDRESS	245 Cherry Circle
CITY-ST-ZIP	SATELLITE BEACH FL	4.4 CITY-ST-ZIP	Satellite Beach, FL 32937
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOM, JOE	5.2 NAME	Hauser, Joe
STREET ADDRESS	400 CINNAMON DR	5.3 STREET ADDRESS	135 Park Avenue
CITY-ST-ZIP	SATELLITE BEACH FL	5.4 CITY-ST-ZIP	Satellite Beach, FL 32937
TITLE	VC <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUECK, DEBRA ANN	6.2 NAME	Tutt, Robert
STREET ADDRESS	450 HAMLIN AVE	6.3 STREET ADDRESS	755 Richard Street
CITY-ST-ZIP	SATELLITE BEACH FL	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 119.07(3)(k), 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: *Richard C. Rogers* **Richard Rogers** 1/26/96 (407) 773-4736
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)