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Apr 03 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 707783 (7)**  
1. Corporation Name  
**UNITED METHODIST CHURCH OF SATELLITE BEACH, INC.**



Principal Place of Business <b>450 LEE AVE SATELLITE BEACH FL 32937 US</b>	Mailing Address <b>450 LEE AVE SATELLITE BEACH FL 32837-2910 US</b>
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3. Date Incorporated or Qualified <b>09/09/1964</b>	3a. Date of Last Report <b>01/31/1996</b>
4. FEI Number <b>59-1100835</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 25	Country 30
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9. Name and Address of Current Registered Agent  
**SHIRLEY, REV. MICHAEL T  
450 LEE AVE.  
SATELLITE BEACH FL FL 32937**

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 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** 3/24/97  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>C</b>	<input type="checkbox"/> DELETE
NAME	<b>ROGERS, RICHARD</b>	<i>Unchanged</i>
STREET ADDRESS	<b>1405 HWY A1A, UNIT 301</b>	
CITY - ST - ZIP	<b>SATELLITE BEACH FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>TOM, JOE</b>	
STREET ADDRESS	<b>400 CINNAMON DRIVE</b>	
CITY - ST - ZIP	<b>SATELLITE BEACH FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>FREER, JERRY</b>	
STREET ADDRESS	<b>300 GREENWAY</b>	
CITY - ST - ZIP	<b>SATELLITE BEACH FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BURNS, ROGER</b>	
STREET ADDRESS	<b>245 CHERRY CIRCLE</b>	
CITY - ST - ZIP	<b>SATELLITE BEACH FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HAUSER, JOE</b>	
STREET ADDRESS	<b>135 PARK AVENUE</b>	
CITY - ST - ZIP	<b>SATELLITE BEACH FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>TUTT, ROBERT</b>	
STREET ADDRESS	<b>755 RICHARD STREET</b>	
CITY - ST - ZIP	<b>SATELLITE BEACH FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Rieff, Phillip</b>	
1.3 STREET ADDRESS	<b>177 SE Second Street</b>	
1.4 CITY - ST - ZIP	<b>Satellite Beach, FL</b>	
2.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Sanderson, Catherine</b>	
2.3 STREET ADDRESS	<b>690 Jamaica Blvd.</b>	
2.4 CITY - ST - ZIP	<b>Satellite Beach, FL</b>	
3.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Cook, Phillip</b>	
3.3 STREET ADDRESS	<b>4934 Buttonwood Drive</b>	
3.4 CITY - ST - ZIP	<b>Melbourne, FL 32940</b>	
4.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Laye, Richard</b>	
4.3 STREET ADDRESS	<b>207 Harbour Drive W.</b>	
4.4 CITY - ST - ZIP	<b>Indian Harbour Beach, FL 32937</b>	
5.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Siemer, Mark</b>	
5.3 STREET ADDRESS	<b>465 Hamlin Avenue</b>	
5.4 CITY - ST - ZIP	<b>Satellite Beach</b>	
6.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>Baker, John</b>	
6.3 STREET ADDRESS	<b>685 Grant Court</b>	
6.4 CITY - ST - ZIP	<b>Satellite Beach, FL</b>	

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: *Richard C. Rogers* **Richard C. Rogers** 3/24/97 (407) 773-4736  
SIGNATURE AND TYPED OR PRINTED NAME OF FINANCING OFFICER OR DIRECTOR Date Daytime Phone # 0019750

CR2E037 (9/96)