

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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		Mailing Address	
450 LEE AVE SATELLITE BEACH FL 32937 US		450 LEE AVE SATELLITE BEACH FL 32937 US	
21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, # pt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

3. Date Incorporated or Qualified
09/09/1964

4. FEI Number
59-1100835

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

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

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** 1-7-98

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	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROGERS, RICHARD	1.2 NAME	Jim Hamor
STREET ADDRESS	1405 HWY A1A, UNIT 301	1.3 STREET ADDRESS	750 Rosada St.
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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANDERSON, CATHERINE	2.2 NAME	Billy Lewis
STREET ADDRESS	690 JAMAICA BLVD	2.3 STREET ADDRESS	498 Bahama Drive
CITY-ST-ZIP	SATELLITE BEACH FL	2.4 CITY-ST-ZIP	Indian Harbour Bch., FL 32937
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOK, PHILIP	3.2 NAME	
STREET ADDRESS	4934 BUTTONWOOD DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAYE, RICHARD	4.2 NAME	
STREET ADDRESS	207 HARBOUR DR W	4.3 STREET ADDRESS	
CITY-ST-ZIP	INDIAN HARBOUR BCH FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIEMER, MARK	5.2 NAME	
STREET ADDRESS	465 HAMLIN AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	SATELLITE BEACH FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, JOHN	6.2 NAME	
STREET ADDRESS	685 GRANT CT	6.3 STREET ADDRESS	
CITY-ST-ZIP	SATELLITE BEACH FL	6.4 CITY-ST-ZIP	

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.

SIGNATURE: *Jim Hamor* 1-7-98 777-0116

CR2E037 (10/97)