


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 19, 1999 8:00 am**  
**Secretary of State**

04-19-1999 90069 042 \*\*\*\*61.25

0020197

|   |   |  |
|---|---|--|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

**DOCUMENT # 707783**

1. Corporation Name  
**UNITED METHODIST CHURCH OF SATELLITE BEACH, INC.**

|  |  |
|--|--|
| Principal Place of Business<br>450 LEE AVE<br>SATELLITE BEACH FL 32937<br>US | Mailing Address<br>450 LEE AVE<br>SATELLITE BEACH FL 32937<br>US |
|--|--|



|                                      |                           |  |
|--------------------------------------|---------------------------|--|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 | 3. Date Incorporated or Qualified<br>09/09/1964  |
| Suite, Apt. #, etc.<br>22            | Suite, Apt. #, etc.<br>27 | 4. FEI Number<br>59-1100835  |
| City & State<br>23                   | City & State<br>28        | Applied For<br>Not Applicable  |
| Zip<br>24                            | Country<br>25             | 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> |

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 DATE: 4/2/99

12. OFFICERS AND DIRECTORS  DELETE

|                |                               |
|----------------|-------------------------------|
| TITLE          | D                             |
| NAME           | HAMOR, JIM                    |
| STREET ADDRESS | 750 ROSADA ST                 |
| CITY-ST-ZIP    | SATELLITE BEACH FL 32937      |
| TITLE          | D                             |
| NAME           | LEWIS, BILLY                  |
| STREET ADDRESS | 498 BAHAMA DR                 |
| CITY-ST-ZIP    | INDIAN HARBOUR BEACH FL 32937 |
| TITLE          | D                             |
| NAME           | COOK, PHILIP                  |
| STREET ADDRESS | 4934 BUTTONWOOD DR            |
| CITY-ST-ZIP    | MELBOURNE FL                  |
| TITLE          | D                             |
| NAME           | LAYE, RICHARD                 |
| STREET ADDRESS | 207 HARBOUR DR W              |
| CITY-ST-ZIP    | INDIAN HARBOUR BCH FL         |
| TITLE          | D                             |
| NAME           | SIEMER, MARK                  |
| STREET ADDRESS | 465 HAMLIN AVE                |
| CITY-ST-ZIP    | SATELLITE BEACH FL            |
| TITLE          | D                             |
| NAME           | BAKER, JOHN                   |
| STREET ADDRESS | 685 GRANT CT                  |
| CITY-ST-ZIP    | SATELLITE BEACH FL            |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |  |
|--------------------|--|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1.2 NAME           |  |
| 1.3 STREET ADDRESS |  |
| 1.4 CITY-ST-ZIP    |  |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME           |  |
| 2.3 STREET ADDRESS |  |
| 2.4 CITY-ST-ZIP    |  |
| 3.1 TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME           | Larry Sikes  |
| 3.3 STREET ADDRESS | 2621 Chapparral Drive  |
| 3.4 CITY-ST-ZIP    | Melbourne, FL 32934  |
| 4.1 TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME           | Iris Moen  |
| 4.3 STREET ADDRESS | 2298 Windham Drive   |
| 4.4 CITY-ST-ZIP    | Melbourne, FL 32935  |
| 5.1 TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME           | James Mink   |
| 5.3 STREET ADDRESS | 210 DeSoto Parkway   |
| 5.4 CITY-ST-ZIP    | Satellite Beach, FL 32937  |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |  |
| 6.3 STREET ADDRESS |  |
| 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, with all other like empowered.

SIGNATURE: *Michael T. Shirley* **SIGNATURE REQUIRED** 4-2-99

DATE: Daytime Phone #

CR2E037 (11/98)