

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90006 046 ****61.25

DOCUMENT # 707783

1. Entity Name

UNITED METHODIST CHURCH OF SATELLITE BEACH, INC.

Principal Place of Business

**450 LEE AVE
 SATELLITE BEACH FL 32937
 US**

Mailing Address

**450 LEE AVE
 SATELLITE BEACH FL 32937-2910
 US**

00020755



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1100835

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHIRLEY, REV. MICHAEL T
 450 LEE AVE.
 SATELLITE BEACH FL FL 32937**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** Delete
 NAME **HAMOR, JIM**
 STREET ADDRESS **750 ROSADA ST**
 CITY-ST-ZIP **SATELLITE BEACH FL 32937**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **LEWIS, BILLY**
 STREET ADDRESS **498 BAHAMA DR**
 CITY-ST-ZIP **INDIAN HARBOUR BEACH FL 32937**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **SIKES, LARRY**
 STREET ADDRESS **2621 CHAPPARAL DR**
 CITY-ST-ZIP **MELBOURNE FL 32934**

TITLE **D** Change Addition
 NAME **Cochie, Steven**
 STREET ADDRESS **415 Lee Avenue**
 CITY-ST-ZIP **Satellite Beach, FL 32937**

TITLE **D** Delete
 NAME **MOEN, IRIS**
 STREET ADDRESS **2298 WINDHM DR**
 CITY-ST-ZIP **MELBOURNE FL 32935**

TITLE **D** Change Addition
 NAME **Kirby, Anita**
 STREET ADDRESS **490 Norwood Avenue**
 CITY-ST-ZIP **Satellite Beach, FL 32937**

TITLE **D** Delete
 NAME **MINK, JAMES**
 STREET ADDRESS **210 DESOTO PKY**
 CITY-ST-ZIP **SATELLITE BEACH FL 32937**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **BAKER, JOHN**
 STREET ADDRESS **685 GRANT CT**
 CITY-ST-ZIP **SATELLITE BEACH FL**

TITLE **D** Change Addition
 NAME **Schneider, Kevin**
 STREET ADDRESS **1551 Jacobin St., N.W.**
 CITY-ST-ZIP **Palm Bay, FL 32907**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Kevin J. Schneider (Chairman) **1/24/2000** (321) 777-0116

CR2E037 (9/99)