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Mar 11 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 707813 (2)

1. Corporation Name  
THE ST. PAULS UNITED METHODIST CHURCH, INC.



Principal Place of Business: 1591 HIGHLAND AVENUE, EAU GALLIE FL 32935  
Mailing Address: 1591 HIGHLAND AVENUE, EAU GALLIE FL 32935-6520

3. Date Incorporated or Qualified: 09/14/1964  
3a. Date of Last Report: 02/19/1996  
4. FEI Number: 59-0806982  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21 Suite, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country  
2a. Mailing Address: 26 Suite, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country

9. Name and Address of Current Registered Agent  
REDSTONE, DENNIS  
2076 TREVINO CIRCLE  
MELBOURNE FL 32935

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: FL

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE: P	<input checked="" type="checkbox"/> DELETE
NAME: GRIMES, CAROL	
STREET ADDRESS: 1737 HUDSON CIRCLE SOUTH	
CITY-ST-ZIP: MELBOURNE FL	
TITLE: D	<input checked="" type="checkbox"/> DELETE
NAME: COOK, WILLIAM	
STREET ADDRESS: 1803 DODGE CIRCLE, N.	
CITY-ST-ZIP: MELBOURNE FL	
TITLE: D	<input checked="" type="checkbox"/> DELETE
NAME: CATES, JIM	
STREET ADDRESS: 2349 LAKEVIEW DRIVEL	
CITY-ST-ZIP: MELBOURNE FL	
TITLE: T	<input type="checkbox"/> DELETE
NAME: SYLVESTER, TOM	
STREET ADDRESS: 2767 VILLAGE PARK DR	
CITY-ST-ZIP: MELBOURNE FL	
TITLE: SD	<input checked="" type="checkbox"/> DELETE
NAME: PHILLIPS, JEFFREY	
STREET ADDRESS: 3001 SWEET OAK DRIVE	
CITY-ST-ZIP: MELBOURNE FL	
TITLE: V	<input type="checkbox"/> DELETE
NAME: FLAMM, RICHARD	
STREET ADDRESS: 1992 ADAMS AVENUE	
CITY-ST-ZIP: MELBOURNE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: P/C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME: George E. Palmer	
1.3 STREET ADDRESS: 1881 Pineapple Ave.	
1.4 CITY-ST-ZIP: Melbourne, Fl. 32935	
2.1 TITLE: V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME: Bill Gordon	
2.3 STREET ADDRESS: 1 Yacht Club Ln.	
2.4 CITY-ST-ZIP: Indian Harbor Beh., Fl. 32937	
3.1 TITLE: S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME: Nancy Snipes	
3.3 STREET ADDRESS: 540 Rio Pino N.	
3.4 CITY-ST-ZIP: Indialantic, Fl. 32903	
4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME:	
4.3 STREET ADDRESS:	
4.4 CITY-ST-ZIP:	
5.1 TITLE: D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME: Bill Dyches	
5.3 STREET ADDRESS: 200 River Road Circle	
5.4 CITY-ST-ZIP: Rockledge, Fl. 32955	
6.1 TITLE: D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME:	
6.3 STREET ADDRESS:	
6.4 CITY-ST-ZIP:	

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: *George E. Palmer* GEORGE E. PALMER 5 Mar 97 (467) 254-6312

CR2E037 (9/96)