

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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
--	--

3. Date incorporated or Qualified 09/14/1964		
4. FEI Number 59-0606982	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
6. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21	2a. Mailing Address 26		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27		
City & State 23	City & State 28		
Zip 24	Country 25	Zip 29	Country 30

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 Erich Hamm		
82 Street Address (P.O. Box Number is Not Acceptable) 2076 Trevino Circle		
83		
84 City Melbourne	FL	85 Zip Code 32935

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 *Dennis Redstone* (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE PC	<input type="checkbox"/> DELETE
NAME PALMER, GEORGE E.	
STREET ADDRESS 1881 PINEAPPLE AVE	
CITY-ST-ZIP MELBOURNE FL	
TITLE VD	<input type="checkbox"/> DELETE
NAME GORDON, BILL	
STREET ADDRESS 1 YACHT CLUB LN.	
CITY-ST-ZIP INDIAN HARBOR BCH FL	
TITLE SD	<input type="checkbox"/> DELETE
NAME SNIPES, NANCY	
STREET ADDRESS 540 RIO PINO N.	
CITY-ST-ZIP INDIATLANTIC FL	
TITLE T	<input type="checkbox"/> DELETE
NAME SYLVESTER, TOM	
STREET ADDRESS 2787 VILLAGE PARK DR	
CITY-ST-ZIP MELBOURNE FL	
TITLE D	<input type="checkbox"/> DELETE
NAME DYCHES, BILL	
STREET ADDRESS 200 RIVER RD CIR	
CITY-ST-ZIP ROCKLEDGE FL	
TITLE D	<input checked="" 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	<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 type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME Jeffrey Phillips	
6.3 STREET ADDRESS 3001 Sweet Oak Dr.	
6.4 CITY-ST-ZIP Melbourne, FL 32935	

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: *Dennis Redstone* **26 Feb 98** **407(254) 4794**

CR2E037 (10/97)