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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 707813

1. Corporation Name

THE ST. PAULS UNITED METHODIST CHURCH, INC.

218518 - 90123 - 4

Principal Place of Business

1591 HIGHLAND AVENUE
 EAU GALIE FL 32935

Mailing Address

1591 HIGHLAND AVENUE
 EAU GALIE FL 32935



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

09/14/1964

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-0806982

Applied For
 Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
 Trust Fund Contribution

\$5.00 May Be
 Added to Fees

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAMM, ERICH
 2076 TREVINO CIRCLE
 MELBOURNE FL 32935

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

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 DELETE
 NAME PC
 PALMER, GEORGE E.
 STREET ADDRESS 1881 PINEAPPLE AVE
 CITY-ST-ZIP MELBOURNE FL

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE DELETE
 NAME VD
 GORDON, BILL
 STREET ADDRESS 1 YACHT CLUB LN.
 CITY-ST-ZIP INDIAN HARBOR BCH FL

2.1 TITLE Change Addition
 2.2 NAME VD
 Phillips, Jeffrey
 2.3 STREET ADDRESS 3001 Sweet Oak Dr.
 2.4 CITY-ST-ZIP Melbourne, FL. 32935

TITLE DELETE
 NAME SD
 SNIPES, NANCY
 STREET ADDRESS 540 RIO PINO N.
 CITY-ST-ZIP INDIAN HARBOR BCH FL

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE DELETE
 NAME T
 SYLVESTER, TOM
 STREET ADDRESS 2767 VILLAGE PARK DR
 CITY-ST-ZIP MELBOURNE FL

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME D
 DYCHES, BILL
 STREET ADDRESS 200 RIVER RD CIR
 CITY-ST-ZIP ROCKLEDGE FL

5.1 TITLE Change Addition
 5.2 NAME D
 Parker, Bill
 5.3 STREET ADDRESS 1325 Hiawatha St.
 5.4 CITY-ST-ZIP Melbourne, FL. 32935

TITLE DELETE
 NAME D
 PHILLIPS, JEFFREY
 STREET ADDRESS 3001 SWEET OAK DR
 CITY-ST-ZIP MELBOURNE FL 32935

6.1 TITLE Change Addition
 6.2 NAME D
 Bill Hines
 6.3 STREET ADDRESS 784 Indian River 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Signature of George E. Palmer 5 Mar 99 (407) 2546363

CR2E037 (11/98)