

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 707813

1. Entity Name

THE ST. PAULS UNITED METHODIST CHURCH, INC.

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90046 041 ****61.25

Principal Place of Business

1591 HIGHLAND AVENUE
 EAU GALLIE FL 32935

Mailing Address

1591 HIGHLAND AVENUE
 EAU GALLIE FLA 32935-6520

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0806982

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAMM, ERICH
 2076 TREVINO CIRCLE
 MELBOURNE FL 32935

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	PC	<input type="checkbox"/> Delete
NAME	PALMER, GEORGE E.	
STREET ADDRESS	1881 PINEAPPLE AVE	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	PHILLIPS, JEFFREY	
STREET ADDRESS	3001 SWEET OAK DR	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	SD	<input checked="" 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	2767 VILLAGE PARK DR	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PARKER, BILL	
STREET ADDRESS	1325 HIAWATHA ST	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	D	<input type="checkbox"/> Delete
NAME	HINES, BILL	
STREET ADDRESS	784 INDIAN RIVER DR	
CITY-ST-ZIP	MELBOURNE FL 32935	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Bertrand, Edward	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2001 Thistle Dr.	
STREET ADDRESS	Melbourne, Fl. 32935	
CITY-ST-ZIP		
TITLE	Pegram, Barbara	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1135 Carissa Pl.	
STREET ADDRESS	Melbourne, Fl. 32935	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: George E. Palmer 1 Mar 2000 321-254-6363
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)