

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**

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☒ Delete
NAME PHILLIPS, JEFFREY
STREET ADDRESS 3001 SWEET OAK DR
CITY-ST-ZIP MELBOURNE FL 32935

TITLE ☒ Change ☐ Addition
NAME Bertr nd, Edward
STREET ADDRESS 2001 Thistle Dr.
CITY-ST-ZIP Melbourne, FL. 32935

TITLE SD ☒ Delete
NAME SNIPES, NANCY
STREET ADDRESS 540 RIO PINO N.
CITY-ST-ZIP INDIATLANTIC FL

TITLE ☒ Change ☐ Addition
NAME Pegram, Barbara
STREET ADDRESS 1135 Carissa Pl.
CITY-ST-ZIP Melbourne, FL. 32935

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME PARKER, BILL
STREET ADDRESS 1325 HIAWATHA ST
CITY-ST-ZIP MELBOURNE FL 32935

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME HINES, BILL
STREET ADDRESS 784 INDIAN RIVER DR
CITY-ST-ZIP MELBOURNE FL 32935

TITLE ☐ Change ☐ 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)(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 #

CR2E037 (9/99)