


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90030 040 ****61.25

DOCUMENT # 707813 1. Entity Name THE ST. PAULS UNITED METHODIST CHURCH, INC.					
Principal Place of Business 1591 HIGHLAND AVENUE MELBOURNE, FL 32935			Mailing Address 1591 HIGHLAND AVENUE MELBOURNE, FL 32935		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SWARTSEL, MATTHEW G 2076 TREVINO CIRCLE MELBOURNE, FL 32935			7. Name and Address of New Registered Agent Name HAROLD T. SYLVESTER Street Address (P.O. Box Number is Not Acceptable) 1591 HIGHLAND AVE. City MELBOURNE FL Zip Code 32935		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE H. Tom SYLVESTER		H. Tom SYLVESTER		2/12/07	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC HELFRICH, ROBERT T. 2123 LEEWOOD BLVD MELBOURNE, FL 32935		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRIAN THOMSON 2310 POLONIUS LANE MELBOURNE FL 32934	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD THOMSON, BRIAN 2310 PELONIUS LANE MELBOURNE, FL 32934		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RICHARD FLAMM 1992 ADAMS AVE. MELBOURNE FL 32935	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PEGAM, BARBARA 1135 CARISSA PL MELBOURNE, FL 32935		Change <input type="checkbox"/> Addition <input type="checkbox"/>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SYLVESTER, HAROLD T. 2767 VILLAGE PARK DR MELBOURNE, FL		Change <input type="checkbox"/> Addition <input type="checkbox"/>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VEST, DAVID 2070 BROOKSHIRE CIRCLE WEST MELBOURNE, FL 32904		Change <input type="checkbox"/> Addition <input type="checkbox"/>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALMER, GEORGE E. 1881 PINEAPPLE AVENUE MELBOURNE, FL 32935		Change <input type="checkbox"/> Addition <input type="checkbox"/>		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: H. Tom SYLVESTER		2/12/07		(321) 259-2598	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

40018885



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