

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90117 030 ****61.25

DOCUMENT # 707813

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HAMM, ERICH
2076 TREVINO CIRCLE
MELBOURNE FL 32935**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. 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 | FLAMM, RICHARD | |
| STREET ADDRESS | 1992 ADAMS AVE | |
| CITY-ST-ZIP | MELBOURNE FL 32935 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | PEGAM, BARBAR | |
| STREET ADDRESS | 1135 CARISSA PL | |
| CITY-ST-ZIP | MELBOURNE FL 32935 | |
| 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 | CATES, JAMES T | |
| STREET ADDRESS | 2349 LAKEVIEW DR. | |
| CITY-ST-ZIP | MELBOURNE FL 32935 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | HELFRICH, ROBERT T | |
| STREET ADDRESS | 2123 LEEWOOD BLVD | |
| CITY-ST-ZIP | MELBOURNE FL 32935 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|----------------|---|
| 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 | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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)(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 REQUIRED

24 Mar 2003 (321) 254-6363

CR2E037 (10/02)