

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2008 8:00 am
Secretary of State

03-19-2008 90022 032 ****61.25

40048993



03122008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2117050 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DOCUMENT # 707971
1. Entity Name
EMMANUEL UNITED METHODIST CHURCH OF
MELBOURNE, INC.



Principal Place of Business
2800 W.EAU GALLIE BLVD.
MELBOURNE, FL 32935
Mailing Address
2800 W.EAU GALLIE BLVD.
MELBOURNE, FL 32935 US

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country
Zip Country

6. Name and Address of Current Registered Agent
RILEY, CHARLES M
2099 BUESCHER HILL ST.
MELBOURNE, FL 32935

7. Name and Address of New Registered Agent
Name
SCHAEFFER, JEREMIAH
Street Address (P.O. Box Number is Not Acceptable)
428 CITRUS ROAD
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 *Jeremiah Schaeffer* DATE *March 17, 2008*
(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2008

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 NAME STREET ADDRESS CITY - ST - ZIP	C RILEY, CHARLES 2099 BUESCHER HILL ST. MELBOURNE, FL 32935 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MARCUM, RAY 660 IXORA DR. MELBOURNE, FL 32935 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S LAYTON, MARIANNE 649 JUBILEE ST MELBOURNE, FL 329407683 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILLIS, LARRY 4345 TWIN LAKE DR MELBOURNE, FL 32934 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HUTZLER, MIKE 5305 EVINRUDE RD MELBOURNE, FL 32934 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GERNERT, CLAUDE 2768 BREEZE RIDGE RD MELBOURNE, FL 32935 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C SCHAEFFER, JEREMIAH 428 CITRUS STREET MELBOURNE, FL 32935 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GULDBRANDSEN, GRANT 4402 TWIN LAKES DRIVE MELBOURNE, FL 32934 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MARION, GINNY 2056 BUESCHER HILL DRIVE MELBOURNE, FL 32935 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HILL, MARY 1787 BLANCHE AVENUE MELBOURNE, FL 32934 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CARRARO, DENISE 2301 LEEWOOD BLVD. MELBOURNE, FL 32935 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HUFF, STAN 1420 TAMANGO DRIVE MELBOURNE, FL 32904 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: *Jeremiah Schaeffer* DATE: *March 17, 2008*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT 40048993

~~#707971~~

CONTINUATION OF ITEM 11:

D POTTRUFF, BOB
1302 SUNWOOD DRIVE
MELBOURNE, FL 32934

ADDITION