

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 708353 (8)

1. Corporation Name
THE UNITED METHODIST CHURCH BOARD OF MISSIONS AND CHURCH EXTENSION OF MELBOURNE DISTRICT, INC.



Principal Place of Business: 700 N WICKHAM RD. STE 205 MELBOURNE FL 32935
Mailing Address: 700 N WICKHAM RD. STE 205 MELBOURNE FL 32935

3. Date Incorporated or Qualified: 01/18/1965
3a. Date of Last Report: 03/23/1995

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-1371912	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
					<input type="checkbox"/>	
23	Zip	28	Country	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
					<input type="checkbox"/>	
24	25	29	30	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FINKLEA, RAY W 700 N WICKHAM RD SUITE 205 MELBOURNE FL 32935				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DST	<input type="checkbox"/> DELETE	11 TITLE	DP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	BALRIDGE, DAVID W		12 NAME	McClarnon, Rodney M			
STREET ADDRESS	65 NEEDLE BLVD		13 STREET ADDRESS	2075 Meadowlane Ave			
CITY-ST-ZIP	MERRITT ISLAND FL		14 CITY-ST-ZIP	Melbourne FL 32904			
TITLE	D	<input type="checkbox"/> DELETE	21 TITLE	DVP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	CLOYD, MICHAEL D		22 NAME	Hobby, Robert G			
STREET ADDRESS	5405 TURNPIKE FEEDER RD		23 STREET ADDRESS	2171 SE Abcor Rd			
CITY-ST-ZIP	FT PIERCE FL		24 CITY-ST-ZIP	Port St Lucie, FL 34952			
TITLE	D	<input type="checkbox"/> DELETE	31 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	POWERS, JOHN R		32 NAME	Spencer, Gary A			
STREET ADDRESS	11000 SE FEDERAL HIGHWAY		33 STREET ADDRESS	7400 N Wickham Rd			
CITY-ST-ZIP	HOBE SOUND FL		34 CITY-ST-ZIP	Melbourne FL 32940			
TITLE	D	<input type="checkbox"/> DELETE	41 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	KELLAR, NED		42 NAME	Autrey, Veronica			
STREET ADDRESS	3950 OLD SETTLEMENT RD		43 STREET ADDRESS	4366 Hield Rd NW			
CITY-ST-ZIP	MERRITT ISLAND FL		44 CITY-ST-ZIP	Palm Bay FL 32907			
TITLE	D	<input type="checkbox"/> DELETE	51 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	POWER, DONALD		52 NAME	Meeker, Fred			
STREET ADDRESS	410 NE JADE CIRCLE		53 STREET ADDRESS	3055 NE Lake Ave			
CITY-ST-ZIP	JENSEN BEACH FL		54 CITY-ST-ZIP	Jensen Beach FL 34957			
TITLE	D	<input type="checkbox"/> DELETE	61 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	HAMM, ERICH E		62 NAME	O'Neil, Exa Mae			
STREET ADDRESS	110 E NEW HAVEN AVE		63 STREET ADDRESS	1823 26th Ave			
CITY-ST-ZIP	MELBOURNE FL		64 CITY-ST-ZIP	Vero Beach FL 32960			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Rodney M. McClarnon* DATE: 3/11/96 DAYTIME PHONE: 407-727-7585

CR2E037 (12/95)

