

FILE NOW: FILING FEE IS \$61.25

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Mar 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 32935-8840**



2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip	Country	28 Zip	Country
24	25	29	30

3. Date Incorporated or Qualified 01/18/1965	3a. Date of Last Report 03/18/1996
4. FEI Number 59-1371912	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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	85 Zip Code

FL

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

Signature, typed or printed name of registered agent and title if applicable

(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	1.1 TITLE	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BALRIDGE, DAVID W	1.2 NAME	McClarnon, Rodney M
STREET ADDRESS	65 NEEDLE BLVD	1.3 STREET ADDRESS	2075 Meadowlane Ave
CITY-ST-ZIP	MERRITT ISLAND FL	1.4 CITY-ST-ZIP	Melbourne, FL 32904
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D/VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLOYD, MICHAEL D	2.2 NAME	Hobby, Robert G
STREET ADDRESS	5405 TURNPIKE FEEDER RD	2.3 STREET ADDRESS	2171 SE Abcor Rd
CITY-ST-ZIP	FT PIERCE FL	2.4 CITY-ST-ZIP	Port St Lucie, FL 34952
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POWERS, JOHN R	3.2 NAME	O'Neil, Etra Mae
STREET ADDRESS	11000 SE FEDERAL HIGHWAY	3.3 STREET ADDRESS	1823 26th Ave
CITY-ST-ZIP	HOBE SOUND FL	3.4 CITY-ST-ZIP	Vero Beach, FL 32960
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KELLAR, NED	4.2 NAME	Langford, Tom
STREET ADDRESS	3950 OLD SETTLEMENT RD	4.3 STREET ADDRESS	1506 NW Sarnia St
CITY-ST-ZIP	MERRITT ISLAND FL	4.4 CITY-ST-ZIP	Palm Bay, FL 32907
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	POWER, DONALD	5.2 NAME	
STREET ADDRESS	410 NE JADE CIRCLE	5.3 STREET ADDRESS	
CITY-ST-ZIP	JENSEN BEACH FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	HAMM, ERICH E	6.2 NAME	
STREET ADDRESS	110 E NEW HAVEN AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	6.4 CITY-ST-ZIP	

14. I do 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 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.

(407) 727-7585

Rodney M. McClarnon, President

March 13, 1997

CR2E037 (9/96)