

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

DOCUMENT # 708353 (8)  
1. Corporation Name  
THE UNITED METHODIST CHURCH BOARD OF MISSIONS AND CHURCH EXTENSION OF MELBOURNE DISTRICT, INC.

Principal Place of Business Mailing Address  
700 N WICKHAM RD. STE 205 MELBOURNE FL 32935  
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 \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent  
FINKLEA, RAY W  
700 N WICKHAM RD  
SUITE 205  
MELBOURNE FL 32935

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

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

|                |                          |  |
|----------------|--------------------------|--|
| TITLE          | DST                      | <input type="checkbox"/> DELETE            |
| NAME           | BALRIDGE, DAVID W        |  |
| STREET ADDRESS | 65 NEEDLE BLVD           |  |
| CITY-ST-ZIP    | MERRITT ISLAND FL        |  |
| TITLE          | D                        | <input checked="" type="checkbox"/> DELETE |
| NAME           | CLOYD, MICHAEL D         |  |
| STREET ADDRESS | 5405 TURNPIKE FEEDER RD  |  |
| CITY-ST-ZIP    | FT PIERCE FL             |  |
| TITLE          | D                        | <input type="checkbox"/> DELETE            |
| NAME           | POWERS, JOHN R           |  |
| STREET ADDRESS | 11000 SE FEDERAL HIGHWAY |  |
| CITY-ST-ZIP    | HOBE SOUND FL            |  |
| TITLE          | D                        | <input type="checkbox"/> DELETE            |
| NAME           | KELLAR, NED              |  |
| STREET ADDRESS | 3950 OLD SETTLEMENT RD   |  |
| CITY-ST-ZIP    | MERRITT ISLAND FL        |  |
| TITLE          | D                        | <input type="checkbox"/> DELETE            |
| NAME           | POWER, DONALD            |  |
| STREET ADDRESS | 410 NE JADE CIRCLE       |  |
| CITY-ST-ZIP    | JENSEN BEACH FL          |  |
| TITLE          | D                        | <input type="checkbox"/> DELETE            |
| NAME           | HAMM, ERICH E            |  |
| STREET ADDRESS | 110 E NEW HAVEN AVE      |  |
| CITY-ST-ZIP    | MELBOURNE FL             |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                         |  |
|--------------------|-------------------------|--|
| 1.1 TITLE          | DP                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           | McClarnon, Rodney M     |  |
| 1.3 STREET ADDRESS | 2075 Meadowlane Ave     |  |
| 1.4 CITY-ST-ZIP    | Melbourne, FL 32904     |  |
| 2.1 TITLE          | D/VP                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME           | Hobby, Robert G         |  |
| 2.3 STREET ADDRESS | 2171 SE Abcor Rd        |  |
| 2.4 CITY-ST-ZIP    | Port St Lucie, FL 34952 |  |
| 3.1 TITLE          | D                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME           | O'Neil, Eta Mae         |  |
| 3.3 STREET ADDRESS | 1823 26th Ave           |  |
| 3.4 CITY-ST-ZIP    | Vero Beach, FL 32960    |  |
| 4.1 TITLE          | D                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME           | Langford, Tom           |  |
| 4.3 STREET ADDRESS | 1506 NW Sarnia St       |  |
| 4.4 CITY-ST-ZIP    | Palm Bay, FL 32907      |  |
| 5.1 TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |                         |  |
| 5.3 STREET ADDRESS |                         |  |
| 5.4 CITY-ST-ZIP    |                         |  |
| 6.1 TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |                         |  |
| 6.3 STREET ADDRESS |                         |  |
| 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)