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**Mar 23, 1999 8:00 am**  
**Secretary of State**

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 708353**

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**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/18/1965</b>	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number <b>59-1371912</b>	Applied For <input type="checkbox"/> Not Applicable
23. Zip	24. Country	28. Zip	29. Country	5. Certificate of Status Desired. <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees

**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. City	
84. State	<b>FL</b>
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**

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	VD	1.1 TITLE	STD
NAME	BALRIDGE, DAVID W	1.2 NAME	LANGFORD, THOMAS W, SR
STREET ADDRESS	65 NEEDLE BLVD	1.3 STREET ADDRESS	975 MALABAR RD NE
CITY-ST-ZIP	MERRITT ISLAND FL 32953	1.4 CITY-ST-ZIP	PALM BAY FL 32907
TITLE	PO	2.1 TITLE	D
NAME	HOBBY, ROBERT G	2.2 NAME	BAILEY, DON
STREET ADDRESS	2171 ABCOR RD	2.3 STREET ADDRESS	3492 SE COLUMBINE PL
CITY-ST-ZIP	PORT ST LUCIE FL 34952	2.4 CITY-ST-ZIP	STUART, FL 34995
TITLE	D	3.1 TITLE	D
NAME	POWERS, JOHN R	3.2 NAME	GOVATOS, JAMES A
STREET ADDRESS	11000 SE FEDERAL HIGHWAY	3.3 STREET ADDRESS	1355 CHENEY HWY
CITY-ST-ZIP	HOBE SOUND FL	3.4 CITY-ST-ZIP	TITUSVILLE FL 32780-6338
TITLE	D	4.1 TITLE	D
NAME	HERMAN, DAVID	4.2 NAME	O'NEIL, EXA MAE
STREET ADDRESS	110 E NEW HAVEN AVE	4.3 STREET ADDRESS	1823 26TH AVE
CITY-ST-ZIP	MELBOURNE FL 32901	4.4 CITY-ST-ZIP	VERO BEACH FL 32960-3064
TITLE	D	5.1 TITLE	D
NAME	POWER, DONALD	5.2 NAME	SPENCER, GARY A
STREET ADDRESS	410 NE JADE CIRCLE	5.3 STREET ADDRESS	7400 N WICKHAM RD
CITY-ST-ZIP	JENSEN BEACH FL	5.4 CITY-ST-ZIP	MELBOURNE FL 32940
TITLE	D	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 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, with all other like empowered.

**SIGNATURE:**

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/99 407 242-3131  
Date Daytime Phone #