

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90005 025 ****61.25

DOCUMENT # 708353

1. Entity Name
THE UNITED METHODIST CHURCH BOARD OF MISSIONS AN

Principal Place of Business Mailing Address
700 N WICKHAM RD. STE 205 **700 N WICKHAM RD. STE 205**
MELBOURNE FL 32935 **MELBOURNE FL 32935-8840**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number Applied For
59-1371912 Not Applicable

Zip Country Zip Country

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

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

7. Name and Address of New Registered Agent
 Name **BURKHOLDER, ANNE L.**
 Street Address (P.O. Box Number is Not Acceptable)
700 N. WICKHAM RD.
SUITE #205
 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.

SIGNATURE *Annel Burkholder* DATE **4-12-2000**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE	VD <input type="checkbox"/> Delete
NAME	BALRIDGE, DAVID W
STREET ADDRESS	65 NEEDLE BLVD
CITY-ST-ZIP	MERRITT ISLAND FL 32953
TITLE	PD <input type="checkbox"/> Delete
NAME	HOBBY, ROBERT G
STREET ADDRESS	2171 ABCOR RD
CITY-ST-ZIP	PORT ST LUCIE FL 34952
TITLE	D <input type="checkbox"/> Delete
NAME	BAILEY, DON
STREET ADDRESS	3492 SE COLUMBINE PL
CITY-ST-ZIP	STUART FL 34995
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	HERMAN, DAVID
STREET ADDRESS	110 E NEW HAVEN AVE
CITY-ST-ZIP	MEBLOURNE FL 32901
TITLE	D <input checked="" 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SECRETARY/TREASURER
STREET ADDRESS	LANGFORD, TOM (ONLY ADDRESS)
CITY-ST-ZIP	PO BOX 110307 PALM BAY, FL 32911
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVIS, ROBERT
STREET ADDRESS	255 PARADISE BLVD - APT #5
CITY-ST-ZIP	MELBOURNE, FL 32903
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 information.

SIGNATURE: *[Signature]* DATE: **4-12-2000** DAYTIME PHONE: **(321) 242-3131**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)