

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 708353

1. Entity Name

THE UNITED METHODIST CHURCH BOARD OF MISSIONS AN

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

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

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1371912

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~FINKLEA, RAY W~~  
700 N WICKHAM RD  
SUITE 205  
MELBOURNE FL 32935

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

*Anne L. Burkholder*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-12-2000**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** ☐ Delete  
NAME **BALRIDGE, DAVID W**  
STREET ADDRESS **65 NEEDLE BLVD**  
CITY-ST-ZIP **MERRITT ISLAND FL 32953**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **PD** ☐ Delete  
NAME **HOBBY, ROBERT G**  
STREET ADDRESS **2171 ABCOR RD**  
CITY-ST-ZIP **PORT ST LUCIE FL 34952**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **BAILEY, DON**  
STREET ADDRESS **3492 SE COLUMBINE PL**  
CITY-ST-ZIP **STUART FL 34995**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☒ Delete  
NAME **HERMAN, DAVID**  
STREET ADDRESS **110 E NEW HAVEN AVE**  
CITY-ST-ZIP **MEBLOURNE FL 32901**

TITLE **SECRETARY / TREASURER** ☐ Change ☒ Addition  
NAME **LANGFORD, Tom**  
STREET ADDRESS **PO BOX 110307 (ONLY ADDRESS)**  
CITY-ST-ZIP **PAUM BAY, FL 32911**

TITLE **D** ☒ Delete  
NAME **POWER, DONALD**  
STREET ADDRESS **410 NE JADE CIRCLE**  
CITY-ST-ZIP **JENSEN BEACH FL**

TITLE **D** ☐ Change ☒ Addition  
NAME **DAVIS, ROBERT**  
STREET ADDRESS **255 PARADISE BLVD - APT #5**  
CITY-ST-ZIP **MELBOURNE, FL 32903**

TITLE **D** ☐ Delete  
NAME **HAMM, ERICH E**  
STREET ADDRESS **110 E NEW HAVEN AVE**  
CITY-ST-ZIP **MELBOURNE FL**

TITLE ☐ Change ☐ 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)(i), 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 empowered.

SIGNATURE:

*Robert Davis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-12-2000** (321)  
**242-3131**

CR2E037 (9/99)