

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State
 04-04-2001 90495 037 ****61.25

04-04-2001

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
 MELBOURNE FL 32935

700 N WICKHAM RD. STE 205
 MELBOURNE FL 32935

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1371912

Applied For

Not Applicable

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

**BURKHOLDER, ANNE L
 700 N WICKHAM RD
 SUITE 205
 MELBOURNE FL 32935**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

3-26-01

DATE

**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 **ST** ☐ Delete
 NAME **LANGFORD, TOM**
 STREET ADDRESS **PO BOX 110307**
 CITY-ST-ZIP **PALM BAY FL 32911**

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

TITLE **D** ☐ Delete
 NAME **DAVIS, ROBERT**
 STREET ADDRESS **255 PARADISE BLVD APT 15**
 CITY-ST-ZIP **MELBOURNE FL 32903**

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

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-01

Date

(321) 242-3131

Daytime Phone #

CR2E037 (10/00)