

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90187 006 ****61.25

DOCUMENT # 708353

1. Entity Name

THE UNITED METHODIST CHURCH BOARD OF MISSIONS
AND CHURCH EXTENSION OF MELBOURNE DISTRICT,



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

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

MICHAEL C. OLIVER

Name *MICHAEL C. OLIVER*

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *MICHAEL C. OLIVER*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE ~~VP~~ ☒ Delete
NAME ~~BALRIDGE, DAVID W~~
STREET ADDRESS ~~65 NEEDLE BLVD~~
CITY-ST-ZIP ~~MERRITT ISLAND FL 32953~~

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

TITLE ~~SE~~ ☒ Delete
NAME ~~HARRIS, BRICE~~
STREET ADDRESS ~~110 E NEW HAVEN AVE~~
CITY-ST-ZIP ~~MELBOURNE FL 32901~~

TITLE ☐ Delete
NAME HAMM, ERICH E
STREET ADDRESS 1591 HIGHLAND AVE
CITY-ST-ZIP MELBOURNE FL 32935

TITLE ☐ Delete
NAME *J. WESLEY UMMEL*
STREET ADDRESS *1708 43rd AVE.*
CITY-ST-ZIP *VERO BEACH, FL 32960*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE *VP* ☐ Change ☒ Addition
NAME *MICHAEL CLOYD*
STREET ADDRESS *5405 TURNPIKE FEEDER RD.*
CITY-ST-ZIP *FT. PIERCE, FL 34950*

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

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS *3208 OTTAWA Ct.*
CITY-ST-ZIP *MELBOURNE, FL 32935*

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

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 empowers.

SIGNATURE: *Robert G. Hobby* **ROBERT G. HOBBY** 04-21-04 (321) 242-3131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #