

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 712319**

1. Entity Name

PALM BAY UNITED METHODIST CHURCH, INC.**FILED**
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90677 021 ****61.25

Principal Place of Business

Mailing Address

**2100 PORT MALABAR BLV NE
PALM BAY FL 32905****2100 PORT MALABAR BLV NE
PALM BAY FL 32905**

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

59-1310615

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****WINANS, LE
725 PT MALABAR BLVD NE
PALM BAY FL 32905**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. 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 **PD** ☒ Delete
NAME **GODBOLD, M ANNE**
STREET ADDRESS **2100 PORT MALABAR BLV NE**
CITY-ST-ZIP **PALM BAY FL**TITLE ☐ Change ☒ Addition
NAME **Pastor Patricia A. Downs**
STREET ADDRESS **2796 Rodco Dr**
CITY-ST-ZIP **Palm Bay FL 32905**TITLE **D** ☐ Delete
NAME **MASSINGILL, DAVID**
STREET ADDRESS **751 JAMES CIRCLE NE**
CITY-ST-ZIP **PALM BAY FL 32905**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **RAY, JAMES**
STREET ADDRESS **4030 ADAMS LANE**
CITY-ST-ZIP **MALABAR FL 32950**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **S** ☐ Delete
NAME **FERNANDES, LORNA**
STREET ADDRESS **7724-8 GREENBORO DR.**
CITY-ST-ZIP **MELBOURNE FL 32934**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **TD** ☐ Delete
NAME **DINHAM, ROY**
STREET ADDRESS **256 ROMAN AVE NE**
CITY-ST-ZIP **PALM BAY FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **T** ☐ Delete
NAME **WINANS, LE**
STREET ADDRESS **725 PT MALABAR BLD NE**
CITY-ST-ZIP **PALM BAY 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: E. WINANS

Date

Daytime Phone #

5/30/02 321 984 9728

CR2E037 (9/01)