

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 01, 2005 8:00 am**  
**Secretary of State**

08-01-2005 90026 025 \*\*\*\*61.25

**DOCUMENT # 712319**

1. Entity Name  
**PALM BAY UNITED METHODIST CHURCH, INC.**



Principal Place of Business  
**2100 PORT MALABAR BLV NE  
PALM BAY, FL 32905**

Mailing Address  
**2100 PORT MALABAR BLV NE  
PALM BAY, FL 32905**

**50058876**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07112005

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**59-1310615**

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

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

7. Name and Address of New Registered Agent

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$81.25  
Due by September 7, 2005**

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 **P** ☐ Delete  
NAME **DOWNS, PATRICIA**  
STREET ADDRESS **2796 RODEO DR**  
CITY-ST-ZIP **PALM BAY, FL 32905**

TITLE **D** ☒ Delete  
NAME **HORNER, ROBERT**  
STREET ADDRESS **1316 PEMBATOU TRAIL**  
CITY-ST-ZIP **MALABAR, FL 32950**

TITLE **D** ☐ Delete  
NAME **LAMB, DON**  
STREET ADDRESS **1210 MASCOT ST NE**  
CITY-ST-ZIP **MELBOURNE, FL 32905**

TITLE **S** ☒ Delete  
NAME **DOWNS, ELIZABETH**  
STREET ADDRESS **7667 N. WICKHAM RD.**  
CITY-ST-ZIP **MELBOURNE, FL 32940**

TITLE **TD** ☒ Delete  
NAME **DINHAM, ROY**  
STREET ADDRESS **256 ROMAN AVE NE**  
CITY-ST-ZIP **PALM BAY, FL**

TITLE **T** ☐ Delete  
NAME **WINANS, LE**  
STREET ADDRESS **725 PT MALABAR BLD NE**  
CITY-ST-ZIP **PALM BAY, FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **Chairman** ☐ Change ☒ Addition  
NAME **David Messingill**  
STREET ADDRESS **751 James Circle**  
CITY-ST-ZIP **Palm Bay FL 32905**

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

TITLE **Secretary** ☐ Change ☒ Addition  
NAME **Doris Foulie**  
STREET ADDRESS **454 Colleen Ave**  
CITY-ST-ZIP **Palm Bay FL 32905**

TITLE **D** ☐ Change ☒ Addition  
NAME **Jesse Oliver**  
STREET ADDRESS **1331 Athens Dr**  
CITY-ST-ZIP **Palm Bay FL 32905**

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:**

**L.E. Winans** *L.E. Winans, Treas*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*7/28/05*

*321 984 9728*