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Feb 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 713443 (0)

1. Corporation Name
ST. ANDREW UNITED METHODIST CHURCH OF TITUSVILLE, INC.



Principal Place of Business 3380 DAIRY RD TITUSVILLE FL 32786	Mailing Address 3380 DAIRY RD TITUSVILLE FL 32786-1512
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3. Date Incorporated or Qualified 10/10/1967	3a. Date of Last Report 07/10/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number 59-1373536	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**STRICKLAND, RANDY J
1427 WAKEFIELD TERRACE
TITUSVILLE FL 32786**

10. Name and Address of New Registered Agent

81 Name BELL, JOHN W.
82 Street Address (P.O. Box Number is Not Acceptable) 1780 HALLUM AVENUE
83
84 City TITUSVILLE
85 Zip Code FL 32796

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE JOHN W. BELL, JR. *John W Bell Jr* JAN. 27, 1997
Signature, typed or printed name of registered agent and title if applicable. (NONE) Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input type="checkbox"/> DELETE	1.1 TITLE	C/Tr <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, JOHN W	1.2 NAME	BELL, JOHN W
STREET ADDRESS	1780 HALLUM AVENUE	1.3 STREET ADDRESS	1780 HALLUM AVENUE
CITY-ST-ZIP	TITUSVILLE FL	1.4 CITY-ST-ZIP	TITUSVILLE FL 32796
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	V/Tr <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COOK, JOHN	2.2 NAME	HAMADA, KAZ
STREET ADDRESS	4185 TWA LN	2.3 STREET ADDRESS	1300 LEMESA CT
CITY-ST-ZIP	TITUSVILLE FL	2.4 CITY-ST-ZIP	TITUSVILLE FL 32780
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	Tr <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ACKERMAN, DON	3.2 NAME	FIORILLO, MIKE
STREET ADDRESS	1640 PRIVATEER DR	3.3 STREET ADDRESS	1420 INDIAN RIVER AVE
CITY-ST-ZIP	TITUSVILLE FL 32786	3.4 CITY-ST-ZIP	TITUSVILLE FL 32780
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	Tr <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITMAN, CURT	4.2 NAME	WHITMAN, CURT
STREET ADDRESS	8074 WINDOVER WAY	4.3 STREET ADDRESS	8074 WINDOVER WAY
CITY-ST-ZIP	TITUSVILLE FL 32780	4.4 CITY-ST-ZIP	TITUSVILLE FL 32780
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	Tr <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DODD, CAROL	5.2 NAME	SHERRITT, IRENE
STREET ADDRESS	945 GRANT RD	5.3 STREET ADDRESS	1550 BUNKER HILL CT
CITY-ST-ZIP	TITUSVILLE FL	5.4 CITY-ST-ZIP	TITUSVILLE FL 32780
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	Tr <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAIN, KENNETH	6.2 NAME	CAIN, KENNETH
STREET ADDRESS	1617 SINGLETON AVE	6.3 STREET ADDRESS	1670 SINGLETON AVE
CITY-ST-ZIP	TITUSVILLE FL 32696	6.4 CITY-ST-ZIP	TITUSVILLE FL 32796

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: JOHN W. BELL, JR. *John W Bell Jr* JAN. 27, 1997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0015705

CR2E037 (9/96)