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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 713443

1. Corporation Name

ST. ANDREW UNITED METHODIST CHURCH OF TITUSVILLE, INC.

Principal Place of Business

3380 DAIRY RD
 TITUSVILLE FL 32796

Mailing Address

3380 DAIRY RD
 TITUSVILLE FL 32796



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

10/10/1967

4. FEI Number

59-1373536

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

BROOME, J W
 2933 NICHOLSON ST
 TITUSVILLE FL 32796

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 *J.W. Broome*

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

(NOTE: Registered Agent signature required when reinstating)

February 22, 1999

DATE

12. OFFICERS AND DIRECTORS

TITLE CT DELETE
 NAME BROOME, J W
 STREET ADDRESS 2933 NICHOLSON ST
 CITY-ST-ZIP TITUSVILLE FL 32796

TITLE VTR DELETE
 NAME ADAMS, DARELL
 STREET ADDRESS 3989 RIDGEWOOD DR
 CITY-ST-ZIP TITUSVILLE FL 32796

TITLE TR DELETE
 NAME HAMADA, KAZ
 STREET ADDRESS 1300 LEMESA CT
 CITY-ST-ZIP TITUSVILLE FL 32780

TITLE ST DELETE
 NAME DODD, EILEEN
 STREET ADDRESS 1785 COWAN DR
 CITY-ST-ZIP TITUSVILLE FL 32796

TITLE T DELETE
 NAME YAGER, BETTY
 STREET ADDRESS 4775 SQUIRES DR
 CITY-ST-ZIP TITUSVILLE FL 32796

TITLE D DELETE
 NAME CAIN, KENNETH
 STREET ADDRESS 1670 SINGLETON AVE.
 CITY-ST-ZIP TITUSVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CTR Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE STR Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME TR
 5.3 STREET ADDRESS DUITSMANN, BEN
 5.4 CITY-ST-ZIP 1220 WAR EAGLE BLVD
 TITUSVILLE FL 32796

6.1 TITLE Change Addition
 6.2 NAME TR
 6.3 STREET ADDRESS ALBRIGHT, EARL
 6.4 CITY-ST-ZIP 4230 ABBEY LN
 TITUSVILLE FL 32796

14. 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 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, with all other like empowered.

SIGNATURE:

J.W. Broome SIGNATURE REQUIRED

February 22, 1999

(407)269-7321

CR2E037 (11/98)