

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Sep 21, 2000 08:00 AM
Secretary of State

DOCUMENT # 713443

1. Entity 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
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 59-1373536	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BROOME J W
 2933 NICHOLSON ST
 TITUSVILLE FL 32796
 US

7. Name and Address of New Registered Agent

Name
 ADAMS DARELL
 Street Address (P.O. Box Number is Not Acceptable)
 3989 RIDGEWOOD DRIVE
 City
 TITUSVILLE FL Zip Code
 32796

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 **DARELL ADAMS**

09/21/2000

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**

9. Election Campaign Financing
 Trust Fund Contribution. **\$5.00** May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	TR	<input type="checkbox"/> Delete
NAME	ALBRIGHT EARL	
STREET ADDRESS	4230 ABBEY LN	
CITY-ST-ZIP	TITUSVILLE FL 32796	
TITLE	TR	<input type="checkbox"/> Delete
NAME	DUITSMANN BEN	
STREET ADDRESS	1220 WAR EAGLE BLVD.	
CITY-ST-ZIP	TITUSVILLE FL 32796	
TITLE	STR	<input type="checkbox"/> Delete
NAME	DODD EILEEN	
STREET ADDRESS	1785 COWAN DR	
CITY-ST-ZIP	TITUSVILLE FL 32796	
TITLE	TR	<input type="checkbox"/> Delete
NAME	HAMADA KAZ	
STREET ADDRESS	1300 LEMESA CT	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	VTR	<input type="checkbox"/> Delete
NAME	ADAMS DARELL	
STREET ADDRESS	3989 RIDGEWOOD DR	
CITY-ST-ZIP	TITUSVILLE FL 32796	
TITLE	CTR	<input type="checkbox"/> Delete
NAME	BROOME J W	
STREET ADDRESS	2933 NICHOLSON ST	
CITY-ST-ZIP	TITUSVILLE FL 32796	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHYLLIS GAVIN	
STREET ADDRESS	2175 KINGS CROSS	
CITY-ST-ZIP	TITUSVILLE FL 32796	
TITLE	VTR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLTON JEFF	
STREET ADDRESS	425 INDIAN OAKS COURT	
CITY-ST-ZIP	TITUSVILLE FL 32796	
TITLE	CTR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS DARELL	
STREET ADDRESS	3989 RIDGEWOOD DRIVE	
CITY-ST-ZIP	TITUSVILLE FL 32796	

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.