


03-17-2003 90462 028 ****61.25

**2003 NOT-FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

90051873

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|---|---|---|--|---|-------------------------------|
| 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 | | |
| 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 59-1373536 | Applied For Not Applicable |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| HOLTON, JEFF 425 INDIAN OAKS CT TITUSVILLE, FL 32796 | | | | Name MIKE NOLLE | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) 27 E. TOWNE PL | |
| | | | | 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE: <i>Michael S. Nolle</i> Michael S. Nolle 3/10/2003 | | | | | |
| <small>(Signature, typed or printed name of registered agent and date if applicable) (NOTE: Registered Agent signature required when necessary) DATE</small> | | | | | |
| FILE NOW! FEE IS \$61.25 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | Make Check Payable To Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CTR HOLTON, JEFF 425 INDIAN OAKS COURT TITUSVILLE, FL 32796 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | C. Mike Nolle <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 27 E. TOWNE PL Titusville, FL 32796 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VTR RICHARD, THEODORE 2660 GETTYSBURG DR TITUSVILLE, FL 32790 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | None <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STR BELL, PATRICIA 208 PARKER DR TITUSVILLE, FL 32790 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TR WEBER, MIKE 30 FAIRGLEN DRIVE TITUSVILLE, FL 32796 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TR KELTER, CHERYL 3265 MELODY LANE TITUSVILLE, FL 32796 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | RAY WARD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1205 N. Dixie Av. Titusville, FL 32796 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TR BAUER, FRED 4381 LONGBOW DRIVE TITUSVILLE, FL 32796 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Michael Jarvis <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3108 BARTON ST Mims, FL 32754 | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Michael S. Nolle</i> 3/10/2003 | | | | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |

Michael S. Nolle

CFR2037 (10/02)