


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # 738232	
1. Entity Name SCOTT CHAPEL UNITED METHODIST CHURCH, INC.	

Principal Place of Business 2510 GRANT STREET MELBOURNE, FL 32901	Mailing Address P.O. BOX 821 MELBOURNE, FL 32901
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DO NOT WRITE IN THIS SPACE



03152004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1172941	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

5. Name and Address of Current Registered Agent

**HAYNES, DE'EDRA
3306 MEADOWRIDGE DRIVE
MELBOURNE, FL 32901**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000103957 04/05/04-80078-005 70.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD HAYNES, DE'EDRA 3306 MEADOWRIDGE DR MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCD FANIEL, FELTON C 1400 E. BAKER DRIVE MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T PINNACLE, ANNIE 511 TUCKER STREET MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD VEREENE, HAZEL 1304 E. GIBBS STREET MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: De'Edra Haynes De'Edra Haynes 4/2/04 321-984-5486
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #