

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 17, 2007 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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2nd MOORE

CR2E037 (4/07)

4. FEI Number

59-1172941

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAYNES, DE'EDRA
3306 MEADOWRIDGE DRIVE
MELBOURNE FL 32901

Name

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

City

FL

Zip Code

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

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
Due By September 5, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME CD
STREET ADDRESS HAYNES, DE'EDRA
CITY-ST-ZIP 3306 MEADOWRIDGE DR
MELBOURNE FL 32901

TITLE ☐ Delete
NAME VCD
STREET ADDRESS FANIEL, FELTON C
CITY-ST-ZIP 1400 E. BAKER DRIVE
MELBOURNE FL 32901

TITLE ☐ Delete
NAME T
STREET ADDRESS PINNACLE, ANNIE
CITY-ST-ZIP 511 TUCKER STREET
MELBOURNE FL 32901

TITLE ☐ Delete
NAME SD
STREET ADDRESS VEREENE, HAZEL
CITY-ST-ZIP 1304 E. GIBBS STREET
MELBOURNE FL 32901

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000000772222
CITY-ST-ZIP 08/17/07-80004-002 70.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 8-9-07 321984-5486