## FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 754836 (5)				
WESLEY UNITED METHODIST CHURCH, INC.				
TEGEL ONLE METHODIST CHOROLI, 110.				
Principal Place	e of Business	Mailing Address	<u></u>	A 1981/A HARRA SAMAH BARRA INDIAN KANDAN DAKA DARAH BARRA BARRA BARRA BARRA BARRA BARRA BARRA BARRA BARRA
2075 MEADOWL		2075 MEADOWLANE AVENUE	E	C Date land and a Constituted
WEST MELBOU		WEST MELBOURNE FL 32904		3. Date Incorporated or Qualified 10/27/1980
				4. FEI Number Applied For
<u> </u>				<b>59-1814608</b> Not Applicable
2. Principal Place of Business 21		2a. Malling Address		5. Certificate of Status Desired \$8.75 Additional
Sulte, Apt. #, etc.		Sulte, Apt. #, etc.		Fee Required  6. Election Campaign Financing \$5.00 May Be
<u></u>		27		Trust Fund Contribution Added to Fees
City & State		City & State		7. Is this nonprofit corporation a homeowners association?
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25	29	30	Personal Property Tax due June 30. Yes No
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registered Agent
DAMANIA IA OV				
DAWKIN: 2335 MK	s, Jack Chigan st		82 Street Add	dress (P.O. Box Number is Not Acceptable)
	MELBOURNE FL 32904			
			84 City	85 Zip Code
11. Pursuant I	to the provisions of Sections 617 0502	and 817 1509. Florida Statute	s the shove-named cor	reporation submits this statement for the purpose of changing its registered
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 lamillar with, and accept the obligations of, Section 617.0503, Florida Statutes.				
Whater, typed or printed famile or registered agent and title if applicable. (NOTE: Registered Agent alguature required when reinstating)				
12.	S OFFICERS AND	DELETE X DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change & Addition
NAME	COGGINS, STEVE	_	1.2 NAME	p LI Change kal Addition Nathaniel Clement
STREET ADDRESS	3090 PENNSYLVANIA STREET		1.3 STREET ADDRESS	132 Oak Lake Rd.
CITY-ST-ZIP	WEST MELBOURNE FL	- Del tre		Melbourne, FL 32901
TITLE	T ALITOCY MEDIANICA M	DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS	AUTREY, VERONICA M. 4366 HIELD ROAD, N.W.		2.2 NAME 2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL 32907		2.4 CITY-ST-ZIP	
TITLE	D	DELETE	3.1 TITUE S	t Change ☐ Addition
NAME	SMITH, SUZANNE		3.2 NAME	
STREET ADDRESS	556 EDWARD ROAD		3.3 STREET ADDRESS	
CITY-ST-ZIP TITLE	WEST MELBOURNE FL P	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	☐ Change ☐ Addition
NAME	DAWKINS, JACK	La vecere	4.1 NAME	L. Vikingo
STREET ADDRESS	2335 MICHIGAN ST		4.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL		4.4 CITY-ST-ZIP	
TITLE	V	DELETE	5.1 TITLE	Change Addition
NAME	HANSELL, KEITH		5.2 NAME	
STREET ADDRESS CITY-ST-ZIP	2190 MICHIGAN ST MELBOURNE FL		5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	
TITLE	D	DELETE		D Change & Addition
NAME	ALLWINE, BOB	_	6.2 NAME	Richard Hoibraten
STREET ADDRESS	2201 DADIVI AMD		6.3 STREET ADDRESS	EQQ Domine Cimale
CITY-ST-ZIP	W MELBOURNE FL		6.4 CRTY-ST-ZIP	Melbourne, FT. 32935
14. I hereby certify that the information supplied with this filling 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				
CITY-SI-ZIP W MELBOURNE FL  14. I hereby certify that the Information supplied with this filling 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 corpolation 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.				

**FILED** 

Apr 15 1998 8:00am

Secretary of State