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**FILED**  
**Apr 19, 1999 8:00 am**  
**Secretary of State**

04-19-1999 90031 029 \*\*\*\*61.25

0019142

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 754836**

1. Corporation Name

**WESLEY UNITED METHODIST CHURCH, INC.**

Principal Place of Business

2075 MEADOWLANE AVENUE  
WEST MELBOURNE FL 32904

Mailing Address

2075 MEADOWLANE AVENUE  
WEST MELBOURNE FL 32904



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

10/27/1980

4. FEI Number

59-1814608

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

**DAWKINS, JACK**  
**2335 MICHIGAN ST**  
**MELBOURNE FL 32904**

10. Name and Address of New Registered Agent

81 Name

**Hansell, Keith**

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

**2190 Michigan Street**

83

**Melbourne, FL 32904**

84 City

**FL**

85 Zip Code

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 familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **KEITH HANSELL PRES. TRUSTEE**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

*Keith Hansell*

**3/16/99**

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **D CLEMENT, NATHANIEL**  
STREET ADDRESS **132 OAK LAKE ROAD**  
CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE ☐ DELETE  
NAME **T AUTREY, VERONICA M.**  
STREET ADDRESS **4366 HIELD ROAD, N.W.**  
CITY-ST-ZIP **PALM BAY FL 32907**

TITLE ☒ DELETE  
NAME **S SMITH, SUZANNE**  
STREET ADDRESS **556 EDWARD ROAD**  
CITY-ST-ZIP **WEST MELBOURNE FL**

TITLE ☒ DELETE  
NAME **P DAWKINS, JACK**  
STREET ADDRESS **2335 MICHIGAN ST**  
CITY-ST-ZIP **MELBOURNE FL**

TITLE ☐ DELETE  
NAME **V HANSELL, KEITH**  
STREET ADDRESS **2190 MICHIGAN ST**  
CITY-ST-ZIP **MELBOURNE FL**

TITLE ☒ DELETE  
NAME **D HOIBRATEN, RICHARD**  
STREET ADDRESS **589 DENISE CIRCLE**  
CITY-ST-ZIP **MELBOURNE FL 32935**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME **S Pat Snodgrass**  
3.3 STREET ADDRESS **5305 Lake Washington RD**  
3.4 CITY-ST-ZIP **Melbourne, FL**

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME **HANSELL, KEITH**  
4.3 STREET ADDRESS **2190 Michigan St**  
4.4 CITY-ST-ZIP **Melbourne, FL 32904**

5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME **V MULERO, JUAN**  
5.3 STREET ADDRESS **565 Arcadia St NE**  
5.4 CITY-ST-ZIP **Palm Bay, FL 32907**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME **D Sam Anderson**  
6.3 STREET ADDRESS **1701 Monrovia NW**  
6.4 CITY-ST-ZIP **Palm Bay, FL 32907**

14. 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 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 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **KEITH HANSELL PRES. TRUSTEE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/16/99 407-768-8888**

Date

Daytime Phone #

CR25037 (11/98)