

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23431

FILED
Apr 27, 2005
Secretary of State

Entity Name: CHRIST UNITED METHODIST CHURCH OF PALM BAY, INC.

Current Principal Place of Business:

7795 BABCOCK STREET S.E.
PALM BAY, FL 32909 US

New Principal Place of Business:

Current Mailing Address:

7795 BABCOCK STREET S.E.
PALM BAY, FL 32909 US

New Mailing Address:

FEI Number: 59-2885691

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUTLER, CHARLES
724 CAMPBELL STREET SE
PALM BAY, FL 32909 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: SEWELL, DAVID
Address: 1384 ASHBORO CIRCLE SE
City-St-Zip: PALM BAY, FL 32909

Title: T () Delete
Name: GAYLE, CORA
Address: 443 HANSARE STREET SE
City-St-Zip: PALM BAY, FL 32909

Title: T () Delete
Name: LAIL, RICHARD
Address: 560 DUVAL ST NE
City-St-Zip: PALM BAY, FL 32907

Title: T () Delete
Name: SCOFIELD, JOSEPH
Address: 369 DANIS ROAD SW
City-St-Zip: PALM BAY, FL 32908

Title: T () Delete
Name: HALL, EDWARD
Address: 69 NORTH SHANNAN WAY
City-St-Zip: WEST MELBOURNE, FL 32904

Title: T () Delete
Name: LENNON, JAMES
Address: 1225 VALKARIA RD NE
City-St-Zip: MALABAR, FL 32950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOIS ANNE RIDGWAY

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04/27/2005

Electronic Signature of Signing Officer or Director

Date