


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N23431</b> 1. Entity Name <b>CHRIST UNITED METHODIST CHURCH OF PALM BAY, INC.</b>	
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Principal Place of Business <b>7795 BABCOCK STREET S.E. PALM BAY, FL 32909 US</b>	Mailing Address <b>7795 BABCOCK STREET S.E. PALM BAY, FL 32909 US</b>
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01102006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2885691</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>BUTLER, CHARLES 724 CAMPBELL STREET SE PALM BAY, FL 32909</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE	T
NAME	SEWELL, DAVID
STREET ADDRESS	1384 ASHBORO CIRCLE SE
CITY-ST-ZIP	PALM BAY, FL 32909
TITLE	T
NAME	GAYLE, CORA
STREET ADDRESS	443 HANSARE STREET SE
CITY-ST-ZIP	PALM BAY, FL 32909
TITLE	T
NAME	LAIL, RICHARD
STREET ADDRESS	560 DUVAL ST NE
CITY-ST-ZIP	PALM BAY, FL 32907
TITLE	T
NAME	SCOFIELD, JOSEPH
STREET ADDRESS	369 DANIS ROAD SW
CITY-ST-ZIP	PALM BAY, FL 32908
TITLE	T
NAME	HALL, EDWARD
STREET ADDRESS	69 NORTH SHANNAN WAY
CITY-ST-ZIP	WEST MELBOURNE, FL 32904
TITLE	T
NAME	LENNON, JAMES
STREET ADDRESS	1225 VALKARIA RD NE
CITY-ST-ZIP	MALABAR, FL 32950

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02/11/06-80056-022 70.00

**DO NOT WRITE  
IN THIS SPACE**

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: Charles A. Butler Jr Charles A Butler Jr 01/10/06 321-254-7300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #