FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -9 AM 9:07

DOCUMENT # N37612 (1)

1. Corporation Name

THE DISTRICT TRUSTEES OF THE MELBOURNE DISTRICT OF THE UNITED METHODIST CHURCH, INC.

Principal Place of Business	Mailing Address
C/O JOAN C. COTTRELL 700 NORTH WICKHAM ROAD SUITE 205 MELBOURNE FL 32935	C/O JOAN C. COTTRELL 700 NORTH WICKHAM ROAD SUITE 205 MELBOURNE FL 32935

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/10/1990
3a. Date of Last Report: 02/23/1994
4. FEI Number: 59-3047410 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

COTTRELL, JOAN C.
700 NORTH WICKHAM ROAD
SUITE 205
MELBOURNE FL 32935

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	D/S	☐ Change ☒ Addition
NAME	LEWIS, JANE	1.2 NAME	Hahn, Robert A.	
STREET ADDRESS	2610 NEWPORT DR.	1.3 STREET ADDRESS	1935 S Fiske Blvd	
CITY-ST-ZIP	FT. PIERCE FL	1.4 CITY-ST-ZIP	Rockledge, FL 32955	
TITLE	PD	2.1 TITLE	D	☐ Change ☒ Addition
NAME	COX, LYNWOOD	2.2 NAME	BAKER, SCOTT A.	
STREET ADDRESS	31 WEST LANE	2.3 STREET ADDRESS	616 Orange Ave	
CITY-ST-ZIP	COCOA BEACH FL 32931	2.4 CITY-ST-ZIP	Ft Pierce, FL 34950	
TITLE	D	3.1 TITLE	D	☐ Change ☒ Addition
NAME	NORTON, TOM J	3.2 NAME	WAGONER, ROBIN	
STREET ADDRESS	2970 RODEO N.E.	3.3 STREET ADDRESS	4065 Nature Lane	
CITY-ST-ZIP	PALM BAY FL 32905	3.4 CITY-ST-ZIP	Cocoa, FL 32926	
TITLE	D	4.1 TITLE	D	☐ Change ☒ Addition
NAME	HUGHES, BOB	4.2 NAME	RABB, R. EARLE	
STREET ADDRESS	1101 SUNSWEPT RD. NE	4.3 STREET ADDRESS	520 N Carolina Dr	
CITY-ST-ZIP	PALM BAY FL 32905	4.4 CITY-ST-ZIP	Stuart, FL 34997-7262	
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	~~HARRISON, RAY~~	5.2 NAME	FINKLEA, W. RAY	
STREET ADDRESS	~~1055 SPANISH WELLS DRIVE~~	5.3 STREET ADDRESS	1055 Spanish Wells Dr	
CITY-ST-ZIP	~~MELBOURNE FL 32940~~	5.4 CITY-ST-ZIP	Melbourne, FL 32940	
TITLE	VD	6.1 TITLE		☐ Change ☐ Addition
NAME	AUTREY, VERONICA	6.2 NAME		
STREET ADDRESS	4368 HIELD ROAD N.W.	6.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BAY FL 32907	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Lynwood E Cox — President — 2/23/95 — (407) 242-3131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Lynwood Cox

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