

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**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



3. Date Incorporated or Qualified

**04/10/1990**

3a. Date of Last Report

**03/09/1995**

4. FEI Number

**59-3047410**

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**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 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

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **D LEWIS, JANE**  
STREET ADDRESS **2610 NEWPORT DR.**  
CITY-ST-ZIP **FT. PIERCE FL**

TITLE ☐ DELETE

NAME **COX, LYNWOOD**  
STREET ADDRESS **31 WEST LANE**  
CITY-ST-ZIP **COCOA BEACH FL 32931**

TITLE ☒ DELETE

NAME **D NORTON, TOM J**  
STREET ADDRESS **2976 RODEO N.E.**  
CITY-ST-ZIP **PALM BAY FL 32905**

TITLE ☒ DELETE

NAME **D HUGHES, BOB**  
STREET ADDRESS **1101 SUNSWEPT RD. NE**  
CITY-ST-ZIP **PALM BAY FL 32905**

TITLE ☐ DELETE

NAME **FINKLEA, W. R**  
STREET ADDRESS **1055 SPANISH WELLS DRIVE**  
CITY-ST-ZIP **MELBOURNE FL**

TITLE ☒ DELETE

NAME **VD AUTREY, VERONICA**  
STREET ADDRESS **4366 HIELD ROAD N.W.**  
CITY-ST-ZIP **PALM BAY FL 32907**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Wagoner, Robin

4065 Nature Ln

Cocoa FL 32926

SD

Strong, Edward

3479 Heartwood Ln

Melbourne FL 32934

PD

~~Morton, Peter~~ Autrey, Veronica M

~~6507 Norman Dr~~ 4366 Hield Rd NW

~~Melbourne FL 32904~~ Palm Bay, FL 32907

Davis, Bob

255 Paradise Blvd Apt 15

Melbourne FL 32903

Rabb, R Earle

520 N Carolina Dr

Stuart FL 34994

Whitehead, John V

434 NE Acacia PL

Jensen Beach FL 34957

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)(k), 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:

*Veronica M. Autrey*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 20, 1996

(407) 242-3131

Date

Daytime Phone #

CR2E037 (12/95)