

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 12 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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**

4. FEI Number

**59-3047410**

Applied For

Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

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	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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	WOOTEN, ROBERT M	
STREET ADDRESS	2030 N A1A	
CITY-ST-ZIP	INDIALANTIC FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	STRONG, ED	
STREET ADDRESS	3479 HEARTWOOD LN	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	AUTREY, VERONICA M.	
STREET ADDRESS	4366 HIELD ROAD NW	
CITY-ST-ZIP	PALM BAY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BUSEY, HAROLD B REV.	
STREET ADDRESS	715 PARKWAY DR	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FINKLEA, W. R	
STREET ADDRESS	1055 SPANISH WELLS DRIVE	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CLEMENTS, DEBORAH	
STREET ADDRESS	2885 TURTLEMOUND RD	
CITY-ST-ZIP	MELBOURNE FL	

1.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DAVIS, ROBERT L.	
1.3 STREET ADDRESS	255 PARADISE BLVD APT 15	
1.4 CITY-ST-ZIP	MELBOURNE, FL 32903	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	WOOD, TOM	
2.3 STREET ADDRESS	432 CRYSTAL LAKE DR	
2.4 CITY-ST-ZIP	MELBOURNE FL 32940	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MALTBY, HELEN	
3.3 STREET ADDRESS	1030 S ATLANTIC AVE	
3.4 CITY-ST-ZIP	COCOA BEACH FL 32931	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	OLIVER, RTV MICHAEL C	
4.3 STREET ADDRESS	1740 20TH ST	
4.4 CITY-ST-ZIP	VERO BEACH FL 32960	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

SIGNATURE:

*[Signature]*

2-10-96 (407) 242-3131

CP2E037 (10/97)