

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90055 031 ****61.25

DOCUMENT # N37612

1. Corporation Name

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

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

04/10/1990

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

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 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

TITLE ☐ DELETE

NAME **D**
WOOTEN, ROBERT M
STREET ADDRESS **2030 N A1A**
CITY-ST-ZIP **INDIALANTIC FL**

TITLE ☐ DELETE

NAME **SD**
STRONG, ED
STREET ADDRESS **3479 HEARTWOOD LN**
CITY-ST-ZIP **MELBOURNE FL**

TITLE ☒ DELETE

NAME **PD**
AUTREY, VERONICA M.
STREET ADDRESS **4366 HIELD ROAD NW**
CITY-ST-ZIP **PALM BAY FL**

TITLE ☐ DELETE

NAME **D**
BUSEY, HAROLD B REV.
STREET ADDRESS **715 PARKWAY DR**
CITY-ST-ZIP **FT. PIERCE FL**

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME **D**
CLEMENTS, DEBORAH
STREET ADDRESS **2885 TURTLEMOUND RD**
CITY-ST-ZIP **MELBOURNE FL**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **D**

1.3 STREET ADDRESS **MALTBY, HELEN**

1.4 CITY-ST-ZIP **1030 S ATLANTIC AVE**

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME **D**

2.3 STREET ADDRESS **WOOD, TOM**

2.4 CITY-ST-ZIP **432 CRYSTAL LAKE DR**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME **PD**

3.3 STREET ADDRESS **DAVIS ROBERT L**

3.4 CITY-ST-ZIP **255 PARADISE BLVD APT 15**

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME **D**

4.3 STREET ADDRESS **STIGGINS, JEFF**

4.4 CITY-ST-ZIP **1355 CHENEY HWY**

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME **D**

5.3 STREET ADDRESS **SUMMERS, LESLIE**

5.4 CITY-ST-ZIP **4160 HICKORY HILLS BLVD**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME **D**

6.3 STREET ADDRESS **TITUSVILLE FL 32780-6338**

6.4 CITY-ST-ZIP **TITUSVILLE FL 32780**

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, with all other like empowered.

SIGNATURE:

Robert L. Davis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-99 407-242-3131

Date

Daytime Phone #

CR2E037 (4/1/98)