2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 12, 2004 8:00 am
Secretary of State
04-26-2004 91021 048 ****61.25

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MOORE CR2E037 (11/03)

DOCUMENT # N37612

1. Entity Name

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

Principal Place of Business	Mailing Address
700 NORTH WICKHAM ROAD SUITE 205 MELBOURNE FL 32935	700 NORTH WICKHAM ROAD SUITE 205 MELBOURNE FL 32935

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3047410 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~BURKHOLDER, ANNE L~~ MICHAEL C. OLIVER 700 NORTH WICKHAM ROAD SUITE 205 MELBOURNE FL 32935	Name MICHAEL C. OLIVER Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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. CURRENT DISTRICT SUPERINTENDENT

SIGNATURE MICHAEL C. OLIVER 5/10/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25 Due By May 1, 2004

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DAVIS, ROBERT 255 PARADISE BLVD #15 MELBOURNE FL 32903	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRAVES, DOTTIE 2260 FRONT ST, #204 MELBOURNE FL 32901	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~HAMM, ENCH~~ ~~1591 HIGHLAND AVE~~ ~~MELBOURNE FL 32935~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DAVID-WALLER D 206 S. HOPKINS AVE TITUSVILLE, FL 32796 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JUNE JOHNS D 121 ISLAND GROVE DR MERRITT ISLAND, FL 32952	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	GARY ISNER D P.O. BOX 157 ROSELAND, FL 32957	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ROBERT POUND D 2608 HEMLOCK CT. TITUSVILLE, FL 32780	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 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: Robert L. Davis ROBERT L. DAVIS 04-21-04 (321) 242-3131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Michael C Oliver 5/10/04