

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90716 009 \*\*\*\*61.25

**DOCUMENT # N37612**

1. Entity 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

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**  
700 NORTH WICKHAM ROAD  
SUITE 205  
MELBOURNE FL 32935

Name  
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.

SIGNATURE

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**

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	<b>PD</b> <b>DAVIS, ROBERT</b> <b>255 PARADISE BLVD #15</b> <b>MELBOURNE FL 32903</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JOHNS, JUNE</b> <b>121 ISLAND GROVE DR</b> <b>MERRITT ISLAND FL 32952</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LOOMIS, MIKE</b> <b>450 LEE AVE</b> <b>SATELLITE BEACH FL 32937</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CHANDLER, RICK</b> <b>1165 FAX BLVD</b> <b>PORT ST JOHN FL 32927</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DOTTIE GRAVES</b> <b>2260 FRONT STREET - #204</b> <b>MELBOURNE, FL 32901</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ERICH HAMM</b> <b>1591 HIGHLAND AVENUE</b> <b>MELBOURNE, FL 32935</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: **Rank Life Insurance**

03-11-03 (321) 242-3131

CR2E037 (10/02)