

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
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90169 040 ****61.25

DOCUMENT # N40676

1. Corporation Name

**NORTH MERRITT ISLAND UNITED METHODIST CHURCH, IN
C.**

Principal Place of Business

6355 N. COURTENAY PKWY
MERRITT ISLAND FL 32953
US

Mailing Address

6355 N. COURTENAY PKWY.
MERRITT ISLAND FL 32953
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

11/05/1990

4. FEI Number

59-3040188

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

IVEY, WADE A.
275 EAGLE LANE
MERRITT ISLAND FL 32953

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
VD	REDD, CHARLES	1822 BAYLOR CT	COCOA FL 32922	<input checked="" type="checkbox"/>
PD	GAYFIELD, CARL	4570 WOOD STOCK DR	MERRITT ISLD FL	<input checked="" type="checkbox"/>
DS	BOND, RAYMOND	4544 WOOD STORK DR.	MERRITT ISLAND FL 32953	<input type="checkbox"/>
D	HAMMER, ANDREW	4593 WOOD STORK DR	MERRITT ISLAND FL 32953	<input type="checkbox"/>
D	EKLUND, STEVEN	240 JUNIPER AVE	MERRITT ISLD FL 32953	<input type="checkbox"/>
T	IVEY, WADE	275 EAGLE LANE	MERRITT ISLAND FL	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
VD	Fields, Norman	4528 Wood Stork Dr.	Merritt Is., FL 32953	<input checked="" type="checkbox"/>	<input type="checkbox"/>
P/D	Collett, Gail	1598 Stafford Ave.	Merritt Island, FL 32952	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DS	Redd, Beverly	1822 Baylor Ct.	Cocoa, FL 32922	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Bond, Sally	4544 Wood Stork Dr.	Merritt Island, FL 32953	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Cain, Steven	290 Eagle Ln.	Merritt Island, FL 32953	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Edgecombe, Lawrence	5200 Fay Blvd.	Cocoa, FL 32927	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gail Collett

Date

(407) 459-1654

Daytime Phone #

CR2E037 (11/98)