

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90210 014 \*\*\*\*70.00

**DOCUMENT # N49884**

1. Entity Name  
**THE FIRST UNITED METHODIST CHURCH OF  
MELBOURNE, FLORIDA, INC.**



Principal Place of Business  
**110 E NEW HAVEN AVENUE  
MELBOURNE, FL 32901**

Mailing Address  
**110 E NEW HAVEN AVENUE  
MELBOURNE, FL 32901**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01082007

Chg-NP

CR2E037 (12/06)

4. FEI Number  
**59-0674249**

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

~~STRUTH, WILLIAM  
2074 ROGA ROSA DRIVE NORTHEAST  
PALM BAY, FL 32905~~

Name **THOMPSON, CHARLIE**

Street Address (P.O. Box Number is Not Acceptable)

**2404 DUNBAR AVE.**

City **MELBOURNE**

FL

Zip Code  
**32901-5212**

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-6-07**

**Filing Fee is \$61.25  
Due by May 1, 2007**

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	CT STRUTH, WILLIAM 2074 ROC ROSA DRIVE NORTHEAST PALM BAY, FL 329053981 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCT JONES, BRAD III 406 EAST MELBOURNE AVENUE MELBOURNE, FL 32901 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT COLEMAN, PERRY 2205 PINE MEADOW AVE W. MELBOURNE, FL 32904 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MILLIAN, BRENDA 7959 TIMBERLAKE DRIVE MELBOURNE, FL 329042135 <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	C THOMPSON, CHARLIE 2404 DUNBAR AVE. MELBOURNE FL 32901-5212 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC NUETZMAN, KEITH 942 PEACHLAND AVE. PALM BAY, FL 32907-1225 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COFFIN, RANDY 3401 GRAN AVE. PALM BAY, FL 32905-6043 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LYNCH, LINDA 976 HUOT ST. NW PALM BAY, FL 32907-7807 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-6-07**

**321-676-9849**