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Feb 07 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000003349 (6)

1. Corporation Name

FELLOWSHIP UNITED METHODIST CHURCH, INC.

Principal Place of Business

1506 SARINA STREET STE NW
PALM BAY FL 32907

Mailing Address

P.O. BOX 100346
PALM BAY FL 32910-0346
US3. Date Incorporated or Qualified
07/12/19953a. Date of Last Report
01/25/1996

2. Principal Place of Business

21 975 Malabar Road NW

2a. Mailing Address

26 975 Malabar Road NW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

23 Palm Bay, Florida

City & State

28 Palm Bay, Florida

24 Zip 32907

Country

25 Brevard

29 Zip 32907

Country

30 Brevard

4. FEI Number

59-3307664

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LANGFORD, THOMAS REV.
1506 SARINA STREET STE NW
PALM BAY FL 32907

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

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

REV THOMAS LANGFORD - REG. AGENT

(NOTE: Registered Agent signature required when reinstating)

01-22-97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME DARBY, DONALD
STREET ADDRESS 3700 PONDERSOA ROAD
CITY-ST-ZIP VALKARIA FL 329501.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE VD ☐ DELETE
NAME COOK, ANN-MARIE
STREET ADDRESS 817 BELLEVUE ST. N.E.
CITY-ST-ZIP PALM BAY FL 329072.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE STD ☒ DELETE
NAME LANGFORD, PATRICIA
STREET ADDRESS 1506 SARINA STREET NW
CITY-ST-ZIP PALM BAY FL 329073.1 TITLE STD ☒ Change ☐ Addition
3.2 NAME Richey, Carol
3.3 STREET ADDRESS 301 Naylor Drive
3.4 CITY-ST-ZIP West Melbourne, Florida 32904TITLE TD ☒ DELETE
NAME CHISHOLM, HOWARD
STREET ADDRESS 266 BENCHOR ROAD N.W.
CITY-ST-ZIP PALM BAY FL 329074.1 TITLE TD ☒ Change ☐ Addition
4.2 NAME Bishop, Ralph
4.3 STREET ADDRESS 270 Greenbrier Avenue NW
4.4 CITY-ST-ZIP Palm Bay, Florida 32907TITLE D ☒ DELETE
NAME EMMONS, DOUGLAS
STREET ADDRESS 101 HAWTHORNE LANE NE
CITY-ST-ZIP PALM BAY FL 329075.1 TITLE D ☒ Change ☐ Addition
5.2 NAME Buchanan, Robert
5.3 STREET ADDRESS 996 Estia Lane NE
5.4 CITY-ST-ZIP Palm Bay, Florida 32907TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE D ☐ Change ☒ Addition
6.2 NAME Richey, John
6.3 STREET ADDRESS 301 Naylor Drive
6.4 CITY-ST-ZIP West Melbourne, Florida 32904

14. I do 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.

SIGNATURE:

Carol R. Richey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-22-97

407-723-2143

CR2E037 (9/96)