


FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 09 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
----------------------------------------------------------	-----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

DOCUMENT # **N95000003349 (6)**

1. Corporation Name

**FELLOWSHIP UNITED METHODIST CHURCH, INC.**



Principal Place of Business <b>975 MALABAR ROAD NW PALM BAY FL 32907 US</b>	Mailing Address <b>975 MALABAR ROAD NW PALM BAY FL 32907 US</b>
----------------------------------------------------------------------------------------	----------------------------------------------------------------------------

3. Date Incorporated or Qualified <b>07/12/1995</b>
4. FEI Number <b>59-3307664</b>
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
---------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------

5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>LANGFORD, THOMAS REV. 1506 SARINA STREET STE NW PALM BAY FL 32907</b>
-------------------------------------------------------------------------------------------------------------------------------------

10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	DARBY, DONALD
STREET ADDRESS	3700 PONDEROSA ROAD
CITY-ST-ZIP	VALKARIA FL 32950
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	COOK, ANN-MARIE
STREET ADDRESS	817 BELLEVUE ST. N.E.
CITY-ST-ZIP	PALM BAY FL 32907
TITLE	STD <input type="checkbox"/> DELETE
NAME	RICHEY, CAROL
STREET ADDRESS	301 NAYLOR DRIVE
CITY-ST-ZIP	WEST MELBOURNE FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	BISHOP, RALPH
STREET ADDRESS	270 GREENBRIER AVENUE NW
CITY-ST-ZIP	PALM BAY FL
TITLE	D <input type="checkbox"/> DELETE
NAME	BUCHANAN, ROBERT
STREET ADDRESS	996 ESTIA LANE NE
CITY-ST-ZIP	PALM BAY FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	RICHEY, JOHN
STREET ADDRESS	301 NAYLOR DRIVE
CITY-ST-ZIP	WEST MELBOURNE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JOHN RICHEY
1.3 STREET ADDRESS	301 NAYLOR DR
1.4 CITY-ST-ZIP	WEST MELBOURNE FL 32904
2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DON DARBY
2.3 STREET ADDRESS	3700 PONDEROSA RD
2.4 CITY-ST-ZIP	VALKARIA FL 32950
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	BARRY CULP
6.3 STREET ADDRESS	896 SEVEN GABLES CR SE
6.4 CITY-ST-ZIP	PALM BAY FL 32909

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.

SIGNATURE: *Carol Richey* *Ann R Richey* *DA-0298* *40723 2143*

CR2E037 (10/97)