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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000003349

1. Corporation Name

FELLOWSHIP UNITED METHODIST CHURCH, INC.

Principal Place of Business

975 MALABAR ROAD NW
PALM BAY FL 32907
US

Mailing Address

975 MALABAR ROAD NW
PALM BAY FL 32907
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

07/12/1995

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-3307664

Applied For

Not Applicable

23 City & State

27 City & State

PALM BAY FL

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

24 Zip Country

28 Zip Country

32911-0307

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME RICHEY, JOHN
STREET ADDRESS 301 NAYLOR DR
CITY-ST-ZIP WEST MELBOURNE FL 32904

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE VD ☐ DELETE

NAME DARBY, DON
STREET ADDRESS 3700 PONDEROSA RD
CITY-ST-ZIP VALKARIA FL 32950

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE STD ☒ DELETE

NAME RICHEY, CAROL
STREET ADDRESS 301 NAYLOR DRIVE
CITY-ST-ZIP WEST MELBOURNE FL

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE TD ☒ DELETE

NAME BISHOP, RALPH
STREET ADDRESS 270 GREENBRIER AVENUE NW
CITY-ST-ZIP PALM BAY FL

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME BUCHANAN, ROBERT
STREET ADDRESS 996 ESTIA LANE NE
CITY-ST-ZIP PALM BAY FL

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME CULP, BARRY
STREET ADDRESS 896 SEVEN GABLES CR SE
CITY-ST-ZIP PALM BAY FL 32909

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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: *Carol Richey*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08-02-99 407.724.656

Date

Daytime Phone #

CR2E037 (11/98)