

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003349

1. Entity Name

FELLOWSHIP UNITED METHODIST CHURCH, INC.

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90034 014 ****61.25

Principal Place of Business

Mailing Address

975 MALABAR ROAD NW
PALM BAY FL 32907
US

PO BOX 110307
PALM BAY FL 32911-0307
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3307664

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

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

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:

FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE PD
NAME BARRY CULP
STREET ADDRESS 896 SEVEN GABLES CR SE
CITY-ST-ZIP PALM BAY FL 32909 ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
NAME DARBY, SUSIE
STREET ADDRESS 3700 PONDEROSA RD
CITY-ST-ZIP VALKARIA FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD
NAME RICHEY, CAROL
STREET ADDRESS 301 NAYLOR DR
CITY-ST-ZIP WEST MELBOURNE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE D
NAME JO BISHOP
STREET ADDRESS 270 GREENBRIER AV NW
CITY-ST-ZIP PALM BAY FL 32907 ☒ Change ☐ Addition

12. 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 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:

CAROL RICHEY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-28-10

321 723 2143

Date

Daytime Phone #

CR2E037 (9/99)