

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003349

1. Entity Name

FELLOWSHIP UNITED METHODIST CHURCH, INC.

Principal Place of Business

975 MALABAR ROAD NW
PALM BAY FL 32907
US

Mailing Address

PO BOX 110307
PALM BAY FL 32907
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip
32911-0307

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

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

7. Name and Address of New Registered Agent

Name *DICK HARBOUR*

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

1025 Heath Av NW

City
PALM BAY

FL Zip Code
32907

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.

Chairperson of Administrative Council

SIGNATURE *RJ Harbster*

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

(NOTE: Registered Agent signature required when reinstating)

DATE *1-10-01*

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

TITLE D
NAME BISHOP, JO
STREET ADDRESS 270 GREENBRIER AVE NW
CITY-ST-ZIP PALM BAY FL 32907

Delete

TITLE VD
NAME DARBY, DON
STREET ADDRESS 3700 PONDEROSA RD
CITY-ST-ZIP VALKARIA FL 32900

Delete

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

Delete

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

Delete

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

Delete

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

Delete

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DIRECTOR
NAME LIN PETTIT
STREET ADDRESS 1441 EMERSON DR NE
CITY-ST-ZIP PALM BAY FL 32907

Change Addition

TITLE VD
NAME ROGER MANSFIELD
STREET ADDRESS 1329 W. ELCON DR
CITY-ST-ZIP W. MELBOURNE FL 32904

Change Addition

TITLE SD
NAME JEAN CALOZ
STREET ADDRESS 775 ALFONSO AV SE
CITY-ST-ZIP PALM BAY FL 32909

Change Addition

TITLE TD
NAME SUSAN SCOTT WHYBREW
STREET ADDRESS 957 BEACON ST NW
CITY-ST-ZIP PALM BAY FL 32907

Change Addition

TITLE DARLENE FAY
NAME DARLENE FAY
STREET ADDRESS 941 CUSTER ST NW
CITY-ST-ZIP PALM BAY FL 32907

Change Addition

TITLE PD
NAME LEE BECHTEL
STREET ADDRESS 294 TRELL TR 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: *Carla R. Richey* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/01

321-723-2143

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)