

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2003 8:00 am
Secretary of State

05-30-2003 90091 044 ****61.25

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 32911-0307
US**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

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**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**CULP, BARRY
896 SEVEN GABLES CR SE
PALM BAY FL 32909**

7. Name and Address of New Registered Agent

Name **BONNIE SITTON**
Street Address (P.O. Box Number is Not Acceptable)
853 THURINGER ST 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Darlene Fay* **5-27-03**
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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **BARKLEY, LINDA**
STREET ADDRESS **1670 WHITTIER ST SE**
CITY-ST-ZIP **PALM BAY FL 32909**

TITLE **T** ☒ Change ☐ Addition
NAME **BARKLEY LINDA**
STREET ADDRESS **1670 WHITTIER ST NE**
CITY-ST-ZIP **PALM BAY FL 32909**

TITLE **D** ☐ Delete
NAME **BASCOMBE, JOYCE**
STREET ADDRESS **1566 ALBERNI ST NW**
CITY-ST-ZIP **PALM BAY FL 32907**

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

TITLE **SD** ☐ Delete
NAME **HEICK, DREW**
STREET ADDRESS **1081 IVANHOE ST NW**
CITY-ST-ZIP **PALM BAY FL**

TITLE **PD** ☒ Change ☐ Addition
NAME **HEICK DREW**
STREET ADDRESS **1081 IVANHOE ST NW**
CITY-ST-ZIP **PALM BAY FL 32907**

TITLE **TD** ☒ Delete
NAME **BISHOP, RALPH**
STREET ADDRESS **270 GREENBRIER AV NW**
CITY-ST-ZIP **PALM BAY FL 32907**

TITLE **SD** ☐ Change ☒ Addition
NAME **CALOZ, JEAN**
STREET ADDRESS **775 ALFONSO AVE SE**
CITY-ST-ZIP **PALM BAY FL 32509**

TITLE **VD** ☐ Delete
NAME **DARLENE, FAY**
STREET ADDRESS **941 CUSTER ST NW**
CITY-ST-ZIP **PALM BAY FL 32907**

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

TITLE **PD** ☒ Delete
NAME **HOLLEY, PAT**
STREET ADDRESS **1509 NAPANEE ST NW**
CITY-ST-ZIP **PALM BAY FL 32907**

TITLE **D** ☐ Change ☒ Addition
NAME **TAMMY HARKER**
STREET ADDRESS **331 GEPHART ST SW**
CITY-ST-ZIP **PALM BAY FL 32908**

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: *Darlene Fay* **REQUIRED**

5-27-03 321-723-2143

CR2E037 (10/02)