## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

704391

(2)

## **DILLMAN ROAD FREE METHODIST CHURCH INC**

Principal Plac	e of Business	Mailing Address	<del></del>		
6513 DILLMAN ROAD 6513 DILLMAN ROAD			3. Date Incorporated or Qualified		
		WEST PALM BEACH FL 334	13	08/08/1962	
				4. FEI Number	Applied For
				59-2385390	Not Applicable
21	lace of Business	2a. Mailing Address 26		5. Certificate of Status Desired	<b>\$8.75</b> Additional Fee Required
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing	\$5.00 May Be
22		27		Trust Fund Contribution	
City & Stat	6	City & State		7. Is this nonprofit corporation a home	45-87
Zip	Country	<b>28</b> Zip	Country	Ye	
24	25	- <del> </del>	30	<ol> <li>This corporation owes or has paid the Personal Property Tax due June 30.</li> </ol>	
	9. Name and Address of Currer		<del>, , , , , , , , , , , , , , , , , , , </del>	10. Name and Address of New Regist	<del></del>
				T, JOHN H.	
FORSYTHE, STEVEN M			62 Street A	ddress (P.O. Box Number is Not Acceptable) 3 Gladiator Circle	
6513 DILLMAN RD			83 478	3 Gladiator Circle	
W PALM BCH FL 33413			63		
			84 City	enacres	FL 85 Zin Code 3
11. Pursuant	to the provisions of Sections 617 050	12 and 617 1508 Florida Statutes	the above-named c	ornoration submits this statement for the purp	
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.					
1	G Ben H				
SIGNATURE .	Signature, provid or printed name of registered age	I and title if applicable. (NOTE:	HOYIT í Registered Agent signature re	equired when reinstating)	January 1998
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	PV	□XI DELETE		p	
NAME	FORSYTHE, STEVEN M			HOYT, JOHN H.	4
STREET ADDRESS	6513 DILLMAN RD			4783 Gladiator Circe	
CITY-ST-ZIP	W PALM BCH FL	TV priete		Greenacres FL 33463	
TITLE	NEWELL DODEDT	X DELETE		KIGHTKLINGER, Bill 870 Mango Drive	XX hange Addition
NAME	NEWELL, ROBERT 2206 49TH WAY N		2.2 NAME	<del>-</del>	33415
STREET ADDRESS	WEST PALM BCH FL		# I	west faim beach FL	33413
CITY-ST-ZIP	T TEST FALM BOTT FL	DELETE	2.4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME	LAUER, BETTE		3.2 NAME		C Change C Nadation
STREET ADDRESS	7556 COCONUT DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL		3.4. CITY-ST-ZIP		
TITLE	Ť	LX DELETE	-	HELD, HEDY	X XChange Addition
NAME	YEARY, FRANCINE			6180 - 18th St. S.	
STREET ADDRESS	4490 RENDE LANE				33415
CITY-ST-ZIP	LAKE WORTH FL		4.4 CITY-ST-ZIP	west raim beath th	22412
TITLE	Ö	☐ DELETE	5.1 TITLE		Change Addition
NAME	HOYT, JOHN H., JR.		5.2 NAME		
STREET ADDRESS	4781 GLADIATOR CR.		5.3 STREET ADDRESS		

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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELETE

CIONATURE.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

NAME

LAKE WORTH FL

HORNSTRA, JOAN

**GREENACRES FL** 

321 BROWARD AVE

OHN H. HOYT. Interim Pastor

29 January 10

Addition

:R2E037 (10/97)

**FILED** 

Feb 10 1998 8:00am

Secretary of State