2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 21, 2005 08:00 AM **DOCUMENT # 704391** 1. Entity Name **Secretary of State** DILLMAN ROAD FREE METHODIST CHURCH INC Principal Place of Business Mailing Address 6513 DILLMAN ROAD 6513 DILLMAN ROAD WEST PALM BEACH FL 33413 WEST PALM BEACH FL 33413 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) City & State City & State 4. FEI Number Applied For 59-2385390 Not Applicable Zιο Country 7in Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LAUER, BETTE Street Address (P.O. Box Number is Not Acceptable) 7556 COCONUT DR LAKE WORTH FL 33467 Zip Code FL 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, typed or printed name of registered agent and title if approache (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 02/21/05-80046-020 61,25 Addition TITLE Delete AUGUSTINE, WAYNE NAME NAME 6513 DILLMAN RD STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33413 CITY-ST-ZIP CHTY-ST-ZIP TITLE OHE Delete __ Change Addition KIGHTLINGER, BILL NAME 870 MANGO DRIVE STREET ADDRESS STREET ADURESS WEST PALM BCH FL 33415 CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete Change ☐ Addition LAUER, BETTE NAME NAME 7556 COCONUT DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE WORTH FL CHY- \$1- 7/8 TITLE Delete Diff ☐ Change Addition REEL, DORIS NAME NAMÉ 421 CYPRESS LANE STREET ADDRESS STREET ADDRESS LAKE WORTH FL 33461 CITY ST-ZIP Crit-ST-ZIP NTLE Delete Change Addition HOYT, JOHN H., JR. NAME 4781 GLADIATOR CR. STREET ADDRESS STREET ADDRESS LAKE WORTH FL CITY-ST-ZIP Ct1 Y - ST - 7tP THLE ☐ Delete HILE Change Addition PEYTON, ELAINE NAME NAME 3676 TIMBERLINE DR. STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33406 CITY-ST-ZIP CHY-SI-ZIP 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.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED