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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 719713

1. Corporation Name

THE FIRST FREE METHODIST CHURCH OF THE PALM BEACHES, INC.

Principal Place of Business

3218 MELALEUCA DRIVE
 W PALM BEACH FL 33406

Mailing Address

3218 MELALEUCA DRIVE
 W PALM BEACH FL 33406



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

11/18/1970
 4. FEI Number
 59-2277872

Applied For
 Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip Country

29 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BURGESS, GERALD
 13321 ROLLING GREEN ROAD
 N. PALM BEACH FL 33408

81 Name

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

83

84 City

FL

85 Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

1-10-99
 DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** DELETE
 NAME **BURGESS, GERALD**
 STREET ADDRESS **13321 ROLLING GREEN ROAD**
 CITY-ST-ZIP **NORTH PALM BEACH FL**

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE **V** DELETE
 NAME **CULP, DAVID**
 STREET ADDRESS **4273-121ST TERR. N.**
 CITY-ST-ZIP **ROYAL PALM BCH. FL**

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE **S** DELETE
 NAME **JUHLIN, DOROTHY**
 STREET ADDRESS **211 NORTH C STREET**
 CITY-ST-ZIP **LAKE WORTH FL**

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE **D** DELETE
 NAME **JACKSON, BRYAN**
 STREET ADDRESS **4092 126TH DRIVE N.**
 CITY-ST-ZIP **ROYAL PALM BEACH FL 33411**

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE **D** DELETE
 NAME **OTIS, MICHAEL**
 STREET ADDRESS **1321 AALERMO WAY**
 CITY-ST-ZIP **LANTANA FL 33462**

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE **T** DELETE
 NAME **WEIDENHAMER, GARY**
 STREET ADDRESS **1423 W. DURAL ST.**
 CITY-ST-ZIP **LANTANA FL 33462**

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-99 (561) 624-1380
 Date Daytime Phone #

CR2E037 (11/98)