

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

**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90158 016 \*\*\*\*61.25

DOCUMENT # 719713



1. Entity Name  
**THE FIRST 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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2277872**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BURGESS, GERALD**

~~19321 ROLLING GREEN ROAD~~

**14773 697 DRIVE N**

**WEST PALM BEACH FL 33418**

Name

**Burgess, Gerald**

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

**14773 69 Drive North**

City

**Palm Beach Gardens FL**

Zip Code

**33418**

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

*Gerald Burgess*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**2-16-03**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BURGESS, GERALD</b> <b>14773 69 DR NORTH</b> <b>WEST PALM BEACH FL 33418</b>	<input type="checkbox"/> Delete <i>Correction</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>CULP, DAVID</b> <b>8898 155 PLACE N</b> <b>ROYAL-PALM BCH. FL</b>	<input type="checkbox"/> Delete <i>Correction</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>WILEY, DEBBIE</b> <b>284 FEATHER POINT NORTH</b> <b>JUPITER FL 33458</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JACKSON, BRYAN</b> <b>4092 126TH DRIVE N.</b> <b>ROYAL PALM BEACH FL 33411</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RYAN, JAKE</b> <b>1029 NORTH OAKRIDGE CIRCLE APTD</b> <b>LANTANA FL 33462</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>WEIDENHAMER, GARY</b> <b>13930 151 LANE NORTH</b> <b>LANTANA FL 33462</b>	<input type="checkbox"/> Delete <i>Correction</i>

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Burgess, Gerald</b> <b>14773 69 Dr North</b> <b>PALM BEACH GARDENS 33418</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Culp, David</b> <b>8898 155 PLACE N.</b> <b>PALM BEACH GARDENS 33418</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Gary Weidenhamer, Gary</b> <b>13930 151st Lane North</b> <b>JUPITER, FL 33478</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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:

*Gerald Burgess*

**2-16-03**

CR2E037 (10/02)