

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Feb 18 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N14026 (1)**  
 1. Corporation Name  
**ST. PETER'S UNITED METHODIST FOUNDATION, INC.**



Principal Place of Business <b>1584 WEST FOREST HILL BOULEVARD WELLINGTON WEST PALM BEACH FL 33414</b>	Mailing Address <b>1584 WEST FOREST HILL BOULEVARD WELLINGTON WEST PALM BEACH FL 33414</b>
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3. Date Incorporated or Qualified  
**03/26/1986**

4. FEI Number  
**59-2671764**

Applied For  
 Yes  No

2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**SEVERSON, JOHN M.  
 BURNS & SEVERSON, P.A.  
 325 THIRD STREET  
 WEST PALM BEACH FL 33402**

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RICHTER, RAINER</b>	1.2 NAME	
STREET ADDRESS	<b>1584 W FOREST HILL BLVD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SULLIVAN, LARRY</b>	2.2 NAME	
STREET ADDRESS	<b>279 WRANGLEWOOD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WELLINGTON WP</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, RONALD</b>	3.2 NAME	
STREET ADDRESS	<b>15220 MEADOW WOOD DR</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CLOSE, TOM</b>	4.2 NAME	
STREET ADDRESS	<b>13839 EXOTICA</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WEST PALM BCH FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GERBINO, PETER</b>	5.2 NAME	
STREET ADDRESS	<b>13512 JONQUIL PL.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WELLINGTON WP</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TREADWELL, KENNETH</b>	6.2 NAME	
STREET ADDRESS	<b>1584 W. FOREST HILL BLVD.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33414</b>	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.

SIGNATURE: *Rainer Richter* February 3, 1998 561-793-5712

CR2E037 (10/97)