

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90377 001 ***122.50

DOCUMENT # N14026

1. Entity Name

ST. PETER'S UNITED METHODIST FOUNDATION, INC.

Principal Place of Business 1584 WEST FOREST HILL BOULEVARD WELLINGTON WEST PALM BEACH FL 33414	Mailing Address 1584 WEST FOREST HILL BOULEVARD WELLINGTON WEST PALM BEACH FL 33414-5785
--	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

4. FEI Number 59-2671764	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
-----	---------	-----	---------	---	---------------------------------------

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State FL Zip Code

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

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

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHTER, RAINER	NAME	
STREET ADDRESS	1584 W FOREST HILL BLVD	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, LARRY	NAME	
STREET ADDRESS	279 WRANGLEWOOD	STREET ADDRESS	
CITY-ST-ZIP	WELLINGTON WP	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, RONALD	NAME	
STREET ADDRESS	15220 MEADOW WOOD DR	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLOSE, TOM	NAME	
STREET ADDRESS	13639 EXOTICA	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BCH FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERBINO, PETER	NAME	
STREET ADDRESS	13512 JONQUIL PL.	STREET ADDRESS	
CITY-ST-ZIP	WELLINGTON WP	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TREADWELL, KENNETH	NAME	
STREET ADDRESS	1584 W. FOREST HILL BLVD.	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33414	CITY-ST-ZIP	

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: *[Signature]* **January 25, 2000** **561-793-5712**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #