


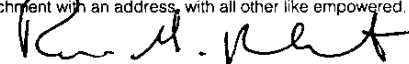
2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90139 001 ***122.50

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DOCUMENT # N14026						
1. Entity Name ST. PETER'S UNITED METHODIST FOUNDATION, INC.						
Principal Place of Business 12200 W FOREST HILL BLVD WELLINGTON WEST PALM BEACH, FL 33414		Mailing Address 12200 W FOREST HILL BLVD WELLINGTON WEST PALM BEACH, FL 33414				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State		4. FEI Number 59-2671764		
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. 1400 CENTRE PARK BLVD STE 860 WEST PALM BEACH, FL 33401			Name			
			Street Address (P.O. Box Number is Not Acceptable)			
			City		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____			DATE _____			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)						
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	RICHTER, RAINER	NAME				
STREET ADDRESS	12200 W. FOREST HILL BLVD	STREET ADDRESS				
CITY-ST-ZIP	WELLINGTON, FL 33414	CITY-ST-ZIP				
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	SMITH, RONALD	NAME				
STREET ADDRESS	1220 W. FOREST HILL BLVD.	STREET ADDRESS				
CITY-ST-ZIP	WELLINGTON, FL 33414	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 LANE	STREET ADDRESS				
CITY-ST-ZIP	WELLINGTON, FL 33414	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	12200 W. FOREST HILL BLVD	STREET ADDRESS				
CITY-ST-ZIP	WELLINGTON, FL 33414	CITY-ST-ZIP				
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		NAME				
STREET ADDRESS		STREET ADDRESS				
CITY-ST-ZIP		CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		Date: 1/26/07		Daytime Phone #: 561-793-5712		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR						