

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

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90176 003 \*\*\*\*70.00

**DOCUMENT # N02554**

1. Entity Name

**THE RECTOR, WARDENS AND VESTRY OF THE CHURCH OF  
BETHESDA-BY-THE-SEA**



Principal Place of Business

**BETHESDA-BY-THE-SEA  
141 S. COUNTY RD.  
PALM BCH FL 33480  
US**

Mailing Address

**PETER S BROBERG  
BETHESDA-BY-THE-SEA PO BOX 1057  
PALM BEACH FL 33480  
US**

2. Principal Place of Business

*Same*

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-0689700**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BROBERG, PETER S.  
COE & BROBERG  
223 PERUVIAN AVE  
PALM BEACH FL 33480**

7. Name and Address of New Registered Agent

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

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PCD** ☐ Delete  
NAME **WARREN, RALPH R. JR.**  
STREET ADDRESS **141 S. COUNTY RD**  
CITY-ST-ZIP **PALM BEACH FL**

TITLE **T** ☐ Delete  
NAME **BRECKENRIDGE, M V JR**  
STREET ADDRESS **257 MURRAY RD**  
CITY-ST-ZIP **WEST PALM BEACH FL 33405**

TITLE **JW** ☐ Delete  
NAME **BERTLES, JAMES B**  
STREET ADDRESS **226 EDEN RD**  
CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE **D** ☐ Delete  
NAME **BROBERG, PETER S**  
STREET ADDRESS **223 PERUVIAN AVE**  
CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE **SD** ☐ Delete  
NAME **PAYNE, JOSEPHYNE**  
STREET ADDRESS **961 S. ATLANTIC DR**  
CITY-ST-ZIP **LANTANA FL 33462**

TITLE **SW** ☒ Delete  
NAME **SCHULER, JOHN H**  
STREET ADDRESS **200 JUNGLE RD**  
CITY-ST-ZIP **PALM BEACH FL 33480**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Senior Warden** ☒ Change ☐ Addition  
NAME **Bertles, James B**  
STREET ADDRESS **226 Eden Rd**  
CITY-ST-ZIP **Palm Beach, FL 33480**

TITLE **Junior Warden** ☐ Change ☒ Addition  
NAME **Jane Carlough-Meline**  
STREET ADDRESS **6684 Woodlake Rd**  
CITY-ST-ZIP **Jupiter, FL 33458**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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]*

3/24/03

(561) 655-4554

CR2E037 (10/02)