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FILED

Feb 06 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 700792 (5)

1. Corporation Name

ALDERSGATE METHODIST CHURCH INC.

Principal Place of Business

4905 W PROSPECT ROAD
FT LAUDERDALE FL 33309

Mailing Address

4905 W PROSPECT ROAD
FT LAUDERDALE FL 33309-30493. Date Incorporated or Qualified
04/11/19603a. Date of Last Report
02/27/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

59-1164103

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

O'HARA, DOLORES
5821 N.E. 17TH AVENUE
FT LAUDERDALE FL 33334

81 Name

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

83

84 City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE T ☐ DELETENAME O'HARA, DOLORES
STREET ADDRESS 5821 NE 17TH AVE
CITY-ST-ZIP FT LAUDERDALE FLTITLE TR ☒ DELETENAME WHEATON, WILLIAM
STREET ADDRESS 4966 NW 48TH TERRACE
CITY-ST-ZIP TAMARAC FLTITLE DS ☐ DELETENAME ROBERTS, CAROL
STREET ADDRESS 5110 NE 17TH TERRACE
CITY-ST-ZIP FT. LAUDERDALE FLTITLE TR ☒ DELETENAME OLSON, JOHN
STREET ADDRESS 2938 NW 48TH ST
CITY-ST-ZIP TAMARAC FLTITLE TR ☐ DELETENAME STAFFORD, LEROY
STREET ADDRESS 4701 NW 30TH TERRACE
CITY-ST-ZIP TAMARAC FLTITLE TRC ☐ DELETENAME COFFEY, WAYNE
STREET ADDRESS 2891 NW 63RD TERR
CITY-ST-ZIP MARGATE FL1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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:

Dolores O'Hara
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR1/27/97
Date954/463-2823
Daytime Phone # 0035888

CR2E037 (9/96)