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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 705618 (7)

1. Corporation Name

TRINITY UNITED METHODIST CHURCH OF PALM BEACH GA RDENS, INC.

Principal Place of Business	Mailing Address
9625 N. MILITARY TRAIL PALM BEACH GARDENS FL 33410-5498 US	9625 N. MILITARY TRAIL PALM BEACH GARDENS FL 33410-5498 US

3. Date Incorporated or Qualified: 05/16/1963

4. FEI Number: 59-1148356 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

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	10. Name and Address of New Registered Agent
JAMES, DANIEL H. 2 GOLFVIEW ROAD PALM BEACH GARDENS FL 33480	81 Name: Hurd, Roger 82 Street Address (P.O. Box Number is Not Acceptable): 8295 N. Military Trail - Suite A 83: Palm Beach Gardens, FL 33410 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: Roger C. Hurd — Roger C. Hurd — 1/28/98
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	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	FETTER, GLENN C		1.2 NAME		
STREET ADDRESS	16649 NARROWS DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	JUPITER FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	JANICE, UNWIN L		2.2 NAME		
STREET ADDRESS	8907 50TH AVE. N.		2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS FL		2.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	~~FURNIKER, NANCY~~		3.2 NAME	Klebe, Gail	
STREET ADDRESS	~~941 SEASIDE LANE~~		3.3 STREET ADDRESS	905 Shore Drive	
CITY-ST-ZIP	~~JUNO BEACH FL~~		3.4 CITY-ST-ZIP	North Palm Beach, FL 33408-4239	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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: GLENN C. FETTER ~~GLENN C. FETTER~~ — 1/23/98 — (561) 622-5278
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #