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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mormani

Secretary of State **DIVISION OF CORPORATIONS**

1997

DOCUMENT # 711087

(7)

FILED May 01 1997 8:00am Secretary of State

FIRST UNITED METHODIST CHURCH OF JUPITER-TEQUEST A, INC. Principal Place of Business Mailing Address 815 INDIANTOWN ROAD JUPITER FL 33477 US B15 INDIANTOWN ROAD JUPITER FL 33477-5108 US									
03		00			3. Date Incorporated 06/28/1966		3a. Date of L 04/11	ast Report 1/1996	
	Place of Business	2a. Mailing Address			4. FEI Number 59-152538	,		Applied For	
Suite, Apt.	# elc	Suite, Apt. #, etc.			09 102000		_ 60	Not Applicable 75 Additional	
22		27			5. Certificate of Statu	s Desired	, , , , , , , , , , , , , , , , , , ,	ee Required	
City & Stat	te	City & State	-		6. Election Campaign	_		.00 May Be	
Zip	Country	28	Cour	ntru	Trust Fund Contrib			ided to Fees	
24	25	29	30	wy	8. This corporation h		itangible tax un Yes XINo	der s. 199.032,	
	9. Name and Address of Curre				10. Name and Addre	ss of New Reg	stered Agent		
	1		1	81 Name					
PALMER, PAUL			ļ,	B2 Street	Address (P.O. Box Number is	Not Acceptable	e)	, ,	
	INDIANTOWM RD.		};	B3					
FL	D EL 22477		L						
JUPITER FL 33477			Į i	B4 City			FL 85	Zip Code	
onice or	am familiar with and accept the obli	te of Florida. Such change was idations of Section 617.0503. F	authorized Iorida Statu	i by the cor	poration's board of directors. I	петеру ассерт	ине арронине	ilit as registered	
SIGNATUR	Signature typed or printed name of registered a	igent and title if applicable. (NO	W. Pal	mer, (CHTR e required when reinstating)		3/97 DATE		
SIGNATURA 12.	Signature typed or printed name of registered a OFFICERS A	Paul (NO ND DIRECTORS	W. Pal Pie Registered 13.	mer, (CHTR e required when reinstating) ADDITIONS/CHANC		3/97 DATE ERS AND DIREC	CTORS IN 12	
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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 expression or the acciver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name attachment with an address.

REQUIRED W. Palmer