

FILE NOW: FILING FEE IS \$61.25

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**Mar 03, 1999 8:00 am**  
**Secretary of State**

03-03-1999 90008 046 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 711087**

1. Corporation Name  
**FIRST UNITED METHODIST CHURCH OF JUPITER-TEQUEST A, INC.**

Principal Place of Business 815 INDIANTOWN ROAD JUPITER FL 33477 US	Mailing Address 815 INDIANTOWN ROAD JUPITER FL 33477 US
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102059 - 90008 - 46



21. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>06/28/1966</b>
22. Suite, Apt. #, etc. <b>815 E. Indiantown Road</b>	27. Suite, Apt. #, etc.	4. FEI Number <b>59-1525387</b>
23. City & State	28. City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
24. Zip	29. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
COLLINS, JOHN 815 E INDIAN TOWN RD JUPITER FL 33477		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 *John W. Collins* **John W. Collins, ChTrustees** 01/28/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	COTR <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLINS, JOHN	1.2 NAME	
STREET ADDRESS	19355 CARIBBEAN CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	TEQUESTA FL 33469	1.4 CITY-ST-ZIP	
TITLE	STR <input type="checkbox"/> DELETE	2.1 TITLE	<b>VCOTR</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBER, RICHARD	2.2 NAME	
STREET ADDRESS	112 CYPRESS AISLE BRENTWOOD	2.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL 33458	2.4 CITY-ST-ZIP	
TITLE	STR <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAYLER, LEE	3.2 NAME	
STREET ADDRESS	1001 N US 1 SUITE 702	3.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL 33477	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ATTWELL, ADAIR	4.2 NAME	
STREET ADDRESS	5832 TIDEWATER DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL 33458	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *John W. Collins* **SIGNATURE REQUIRED** John W. Collins 01/28/99 (561) 746-8116

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)