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Apr 11 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 711913 (4)

1. Corporation Name  
THE METHODIST CHURCH DISTRICT BOARD OF MISSIONS  
AND CHURCH EXTENSION OF WEST PALM BEACH DISTRICT



Principal Place of Business: 2935 WASHINGTON RD, W PALM BNCH FL 33405  
Mailing Address: 2935 WASHINGTON RD, W PALM BNCH FL 33405-1640

3. Date Incorporated or Qualified: 12/06/1966  
3a. Date of Last Report: 02/28/1996

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.  
4. FEI Number: 59-0751926  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: POSGAY, RAYMOND J., 1217 EAST BROWARD BLVD., FORT LAUDERDALE FL 33301  
10. Name and Address of New Registered Agent (81-85) fields: Name, Street Address (P.O. Box Number is Not Acceptable), City, State (FL), 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPILLANE, JOHN	1.2 NAME	
STREET ADDRESS	12788 W. FOREST HILL BLVD. STE. 2005	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BCH FL 33414	1.4 CITY-ST-ZIP	
TITLE	M <input checked="" type="checkbox"/> DELETE	2.1 TITLE	M <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>SIMON, JOHN R</del>	2.2 NAME	Kendall M. Taylor
STREET ADDRESS	2935 WASHINGTON RD	2.3 STREET ADDRESS	2935 Washington Rd
CITY-ST-ZIP	W PALM BCH FL	2.4 CITY-ST-ZIP	W. Palm Beach FL 33405
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MINTON, KENNETH L.	3.2 NAME	
STREET ADDRESS	22189 SW 57TH AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	4.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILKINS, MAX	4.2 NAME	G. B. Nagaw
STREET ADDRESS	6340 W. BOYNTON BEACH BLVD.	4.3 STREET ADDRESS	600 NE 8nd St.
CITY-ST-ZIP	BOYNTON BEACH FL 33437	4.4 CITY-ST-ZIP	Pompano Beach FL 33060
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O HARA, DOLORES	5.2 NAME	
STREET ADDRESS	5821 NE 17TH AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	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 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: *Kendall M. Taylor* KENDALL M. TAYLOR 3/17/97 561-832-1882  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0040129

CR2E037 (9/96)