

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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**

<b>Principal Place of Business</b>	<b>Mailing Address</b>
2935 WASHINGTON RD W PALM BNCH FL 33405	2935 WASHINGTON RD W PALM BNCH FL 33405

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

<b>3. Date Incorporated or Qualified</b>	<b>12/06/1966</b>
<b>4. FEI Number</b>	<b>59-0751926</b>
<b>5. Certificate of Status Desired</b>	<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
<b>6. Election Campaign Financing Trust Fund Contribution</b>	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
<b>7. Is this nonprofit corporation a homeowners association?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> 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**

<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>85</b> Zip Code
	<b>FL</b>

**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**

<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> DELETE
<b>NAME</b>	<b>SPILLANE, JOHN</b>	
<b>STREET ADDRESS</b>	<b>12788 W. FOREST HILL BLVD. STE. 2005</b>	
<b>CITY-ST-ZIP</b>	<b>WEST PALM BCH FL 33414</b>	
<b>TITLE</b>	<b>M</b>	<input checked="" type="checkbox"/> DELETE
<b>NAME</b>	<b>TAYLOR, KENDALL M</b>	
<b>STREET ADDRESS</b>	<b>2935 WASHINGTON ROAD</b>	
<b>CITY-ST-ZIP</b>	<b>WEST PALM BEACH FL</b>	
<b>TITLE</b>	<b>D</b>	<input checked="" type="checkbox"/> DELETE
<b>NAME</b>	<b>MINTON, KENNETH L.</b>	
<b>STREET ADDRESS</b>	<b>22189 SW 57TH AVENUE</b>	
<b>CITY-ST-ZIP</b>	<b>BOCA RATON FL</b>	
<b>TITLE</b>	<b>P</b>	<input checked="" type="checkbox"/> DELETE
<b>NAME</b>	<b>HOGAN, G B</b>	
<b>STREET ADDRESS</b>	<b>600 NE 3RD ST</b>	
<b>CITY-ST-ZIP</b>	<b>POMPANO BEACH FL</b>	
<b>TITLE</b>	<b>SD</b>	<input checked="" type="checkbox"/> DELETE
<b>NAME</b>	<b>O HARA, DOLORES</b>	
<b>STREET ADDRESS</b>	<b>5821 NE 17TH AVE.</b>	
<b>CITY-ST-ZIP</b>	<b>FT. LAUDERDALE FL</b>	
<b>TITLE</b>		<input type="checkbox"/> DELETE
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>1.1 TITLE</b>	<b>PRESIDENT-DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>1.2 NAME</b>	<b>SPILLANE, JOHN</b>	
<b>1.3 STREET ADDRESS</b>	<b>12788 W. FOREST HILL BLVD.</b>	
<b>1.4 CITY-ST-ZIP</b>	<b>WEST PALM BEACH FL 33414</b>	
<b>2.1 TITLE</b>	<b>VICE-PRESIDENT, DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>2.2 NAME</b>	<b>DRYER, SCOTT</b>	
<b>2.3 STREET ADDRESS</b>	<b>7522 BRIAR CLIFF CIRCLE</b>	
<b>2.4 CITY-ST-ZIP</b>	<b>LAKE WORTH FL 33467</b>	
<b>3.1 TITLE</b>	<b>SECRETARY</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>3.2 NAME</b>	<b>KENNELLY, DONNA</b>	
<b>3.3 STREET ADDRESS</b>	<b>2935 WASHINGTON RD</b>	
<b>3.4 CITY-ST-ZIP</b>	<b>WEST PALM BEACH FL 33405</b>	
<b>4.1 TITLE</b>	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>4.2 NAME</b>	<b>Treadwell, Ken</b>	
<b>4.3 STREET ADDRESS</b>	<b>2305 Seaford Dr</b>	
<b>4.4 CITY-ST-ZIP</b>	<b>Wellington FL 33414</b>	
<b>5.1 TITLE</b>		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>5.2 NAME</b>		
<b>5.3 STREET ADDRESS</b>		
<b>5.4 CITY-ST-ZIP</b>		
<b>6.1 TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>6.2 NAME</b>		
<b>6.3 STREET ADDRESS</b>		
<b>6.4 CITY-ST-ZIP</b>		

**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:** *John P Spillane* 06/16/98 (954) 764-5543

CR2E037 (1097)