

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
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DOCUMENT # **711913** (4)

**THE METHODIST CHURCH DISTRICT BOARD OF MISSIONS AND CHURCH EXTENSION OF WEST PALM BEACH DISTRICT**



Principal Place of Business <b>2935 WASHINGTON RD W PALM BNCH FL 33405</b>	Mailing Address <b>2935 WASHINGTON RD W PALM BNCH FL 33405</b>
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3. Date Incorporated or Qualified <b>12/06/1966</b>
4. FEI Number <b>59-0751926</b>
Applied For Not Applicable

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip	22. Mailing Address Suite, Apt. #, etc. City & State Zip
23. Country	24. Country

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

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

SIGNATURE: *John P Spillane* 06/16/98 (954) 764-5562

CR2E037 (1097)

Dep. \$70.00