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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 711913

1. Corporation Name

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

126295 - 90052 - 21

Principal Place of Business

2935 WASHINGTON RD
 W PALM BNCH FL 33405

Mailing Address

2935 WASHINGTON RD
 W PALM BNCH FL 33405



2. Principal Place of Business

21 **6344 Boynton Beach Blvd**
 Suite, Apt. #, etc.

2a. Mailing Address

26 **PO Box 740876**
 Suite, Apt. #, etc.

3. Date Incorporated or Qualified

12/06/1966

4. FEI Number

59-0751926

Applied For

Not Applicable.

22 City & State

Boynton Beach FL

27 City & State

Boynton Beach FL

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip Country

33437 USA

28 Zip Country

33474-0876 USA

6. Election Campaign Financing

\$5.00 May Be Added to Fees.

Trust Fund Contribution

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** DELETE

NAME **SPILLANE, JOHN**
 STREET ADDRESS **12788 W. FOREST HILL BLVD.**
 CITY-ST-ZIP **WEST PALM BEACH FL 33414**

TITLE **VPD** DELETE

NAME **DRYER, SCOTT**
 STREET ADDRESS **7522 BRIAR CLIFF CIRCLE**
 CITY-ST-ZIP **LAKE WORTH FL 33467**

TITLE **S** DELETE

NAME **KENNELLY, DONNA**
 STREET ADDRESS **2935 WASHINGTON ROAD**
 CITY-ST-ZIP **WEST PALM BEACH FL 33405**

TITLE **D** DELETE

NAME **TREADWELL, KEN**
 STREET ADDRESS **2305 SEAFORD DRIVE**
 CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

D Carter, Clyde
11260 NW 23 St.
Pembroke Pines FL 33026

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

1/21/99

(561) 790-1478

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)