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Secretary of State

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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**

Principal Place of Business

2935 WASHINGTON RD
W PALM BNCH FL 33405

Mailing Address

2935 WASHINGTON RD
W PALM BNCH FL 33405



126295 90052 21

2. Principal Place of Business

21 6344 Baynton 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

23 Baynton Beach FL

27 City & State

28 Baynton Beach FL

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

24 Zip Country

33437 USA

29 Zip Country

33474-0876 USA

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees.

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

☐ DELETE

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

☐ DELETE

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

☐ DELETE

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

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☒ Change ☐ Addition

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

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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) 790-1488

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/98)