FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 20 PM 2:21

DOCUMENT # 717213 (3)

1. Corporation Name

WAGG MEMORIAL UNITED METHODIST CHURCH, INC.

Principal Place of Business	Mailing Address
CHURCH INC 4401 GARDEN AVENUE WEST PALM BEACH FL 33405-9599	CHURCH INC 4401 GARDEN AVENUE WEST PALM BEACH FL 33405-9599

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/22/1969
3a. Date of Last Report: 02/09/1994
4. FEI Number: 59-6046494 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☑ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

HOWARD, SANFORD V
5615 HOBART AVE
W PALM BCH FL 33405

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	D	☐ Change ☒ Addition
NAME	HOWARD, SANFORD V	1.2 NAME	TEAL, JANE	
STREET ADDRESS	5615 HOBART AVE.	1.3 STREET ADDRESS	2720 ACKLINS RD	
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33406	
TITLE	D	2.1 TITLE	D	☐ Change ☒ Addition
NAME	POND, BETTY	2.2 NAME	BRIDGE, BILL	
STREET ADDRESS	2682 S. GARDEN DR., #303	2.3 STREET ADDRESS	711 FRANKLIN	
CITY-ST-ZIP	LAKE WORTH FL	2.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33405	
TITLE	D	3.1 TITLE	D	☒ Change ☐ Addition
NAME	PARKER, NANCY	3.2 NAME	FIELDS, BRENDA	
STREET ADDRESS	8235 PINE TREE LANE	3.3 STREET ADDRESS	7129 VENETIAN WAY	
CITY-ST-ZIP	W. PALM BEACH FL	3.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33406	
TITLE	D	4.1 TITLE	D	☒ Change ☐ Addition
NAME	FIELDS, BRENDA	4.2 NAME	Parker, Nancy — OMIT —	
STREET ADDRESS	2609 PARKER AVE.	4.3 STREET ADDRESS	8235 Pine Tree Lane	
CITY-ST-ZIP	W PALM BEACH FL	4.4 CITY-ST-ZIP	WPB, FL	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	STROH, AL	5.2 NAME		
STREET ADDRESS	2855 GARDEN DR., #203	5.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL	5.4 CITY-ST-ZIP		
TITLE	V	6.1 TITLE		☐ Change ☐ Addition
NAME	KELLER, DONALD	6.2 NAME		
STREET ADDRESS	602 LYTLE STR	6.3 STREET ADDRESS		
CITY-ST-ZIP	W PALM BCH FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Sanford Howard 2-06-95
X Sanford V. Howard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

2/06/95

(407)585-3551
Daytime Phone #

6047883

717213

Wagg Memorial United Methodist Church

4401 GARDEN AVENUE
WEST PALM BEACH, FLORIDA
33405

Miriam H. Holland
Pastor
135 WORTH CT. N.
PHONE 305-832-5729

PHONE
305-655-3075

July 8, 1992

Please be informed that as of Jun 29, 1992 this is our new tax exempt certificate number. Thank you.

DR-14
R 04/90

STATE OF FLORIDA
DEPARTMENT OF REVENUE
CONSUMER'S CERTIFICATE OF EXEMPTION
Issued Pursuant to Sales and Use Tax Law
Chapter 212, Florida Statutes
This Certificate is Non-Transferable

69343

ISSUE DATE	EXPIRATION DATE	CERTIFICATE NUMBER	TYPE OF ORGANIZATION
06/29/92	06/29/97	60-22-116448-55C	RELIGIOUS

[X] This is to certify that the organization indicated below is hereby exempt from the payment of Sales or Use Tax on the purchase or lease of tangible personal property, the lease of transient rental accommodations or real property.

Mailing Address:

WAGG MEMORIAL METHODIST CHURCH
4401 GARDEN AVENUE
WEST PALM BEACH FL 33405-0000

Location Address:

4401 GARDEN AVENUE
WEST PALM BEACH FL 33405-0(

J. Thomas Herndon
EXECUTIVE DIRECTOR
J. THOMAS HERNDON

SEE REVERSE SIDE FOR IMPORTANT INFORMATION.