

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
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.

DO NOT WRITE IN THIS SPACE

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

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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 25 Country 29 Zip 30 Country

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

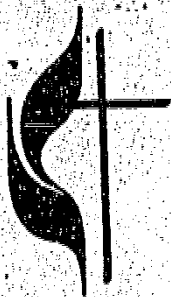
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	D	☐ Change	☒ Addition
NAME	HOWARD, SANFORD V	1.2 NAME	TEAL, JANE		
STREET ADDRESS	5615 HOBART AVE.	1.3 STREET ADDRESS	2720 ACKLINS RD		
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 CITY-ST-ZIP	WEST PALM BEACH, 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	2809 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	802 LYLE 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 B17, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sanford V. Howard 206-95
X
Sanford V. Howard

2/06/95

(407)585-3551



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.

08-14
8/11/94

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

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 33405-0000

J. Thomas Herndon
EXECUTIVE DIRECTOR
J. THOMAS HERNDON

SEE REVERSE SIDE FOR IMPORTANT INFORMATION.