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Jan 29 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

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 33405-2541

3. Date Incorporated or Qualified **09/22/1969** 3a. Date of Last Report **02/02/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-6046494	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip Country	28 Zip Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24 Zip	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 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOWARD, SANFORD V	1.2 NAME	BRIDGE, BILL
STREET ADDRESS	5615 HOBART AVE.	1.3 STREET ADDRESS	711 FRANKLIN
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33405
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POND, BETTY	2.2 NAME	DAY, MARTHA
STREET ADDRESS	2682 S. GARDEN DR., #303	2.3 STREET ADDRESS	3089 THELMA ROAD
CITY-ST-ZIP	LAKE WORTH FL	2.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33406-7615
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FIELDS, BRENDA	3.2 NAME	ABRAMS, GEORGIANA
STREET ADDRESS	7129 VENETIAN WAY	3.3 STREET ADDRESS	708 SELKIRK STREET
CITY-ST-ZIP	W. PALM BEACH FL	3.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33405-3136
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STROH, AL	4.2 NAME	MATTHEWS, ROBERT
STREET ADDRESS	2855 GARDEN DR., #203	4.3 STREET ADDRESS	1027 HANSEN STREET
CITY-ST-ZIP	LAKE WORTH FL	4.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33405
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

CR2E037 (9/96)