


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortman Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 717213 (3)
1. Corporation Name
WAGG MEMORIAL UNITED METHODIST CHURCH, INC.



Principal Place of Business CHURCH INC 4401 GARDEN AVENUE WEST PALM BEACH FL 33405-9599	Mailing Address CHURCH INC 4401 GARDEN AVENUE WEST PALM BEACH FL 33405-9599
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3. Date Incorporated or Qualified 09/22/1969
4. FEI Number 59-6046494
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent HOWARD, SANFORD V 5815 HOBART AVE W PALM BCH FL 33405

10. Name and Address of New Registered Agent 81 Name Matthews, Robert 82 Street Address (P.O. Box Number is Not Acceptable) 1027 Hansen Street 83 84 City W. Palm Beach FL 85 Zip Code 33405
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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 *Robert Matthews* (NOTE: Registered Agent signature required when relating) DATE **1/16/98**

12. OFFICERS AND DIRECTORS	
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	HOWARD, SANFORD V
STREET ADDRESS	5815 HOBART AVE.
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	DAY, MARTHA
STREET ADDRESS	3089 THELMA RD
CITY-ST-ZIP	W PALM BEACH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	ABRAMS, GEORGINANA
STREET ADDRESS	708 SELKIRK ST
CITY-ST-ZIP	W PALM BEACH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	MATTHEWS, ROBERT
STREET ADDRESS	1027 HANSEN ST
CITY-ST-ZIP	W PALM BEACH FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	BRIDGE, BILL
STREET ADDRESS	711 FRANKLIN
CITY-ST-ZIP	W PALM BEACH FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Bragdon, Michael
1.3 STREET ADDRESS	1035 Manor Drive
1.4 CITY-ST-ZIP	Lake Worth, FL 33461
2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Boise, John
2.3 STREET ADDRESS	2541 Boundbrook Blvd. #101
2.4 CITY-ST-ZIP	W. Palm Beach, FL 33406
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Shelton, Joyce
5.3 STREET ADDRESS	302 Forest Estates Dr.
5.4 CITY-ST-ZIP	W. Palm Beach, FL 33415
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE *Robert Matthews* 561-604-4414

CR2E037 (10/97)