

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90025 029 \*\*\*\*61.25

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**DOCUMENT # 717213**

1. Corporation Name

**WAGG MEMORIAL UNITED METHODIST CHURCH, INC.**

143091 - 90025 - 29

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

09/22/1969

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

9. Name and Address of Current Registered Agent

MATTHEWS, ROBERT  
1027 HANSEN ST  
W PALM BEACH 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

TITLE D  
NAME BRAGDON, MICHAEL  
STREET ADDRESS 1035 MANOR DR  
CITY-ST-ZIP LAKE WORTH FL 33461 ☐ DELETE

TITLE D  
NAME BOISE, JOHN  
STREET ADDRESS 2541 BOUNDBROOK BLVD SUITE 101  
CITY-ST-ZIP W PALM BEACH FL 33406 ☐ DELETE

TITLE D  
NAME ABRAMS, GEORGINANA  
STREET ADDRESS 708 SELKIRK ST  
CITY-ST-ZIP W PALM BEACH FL ☒ DELETE

TITLE P  
NAME MATTHEWS, ROBERT  
STREET ADDRESS 1027 HANSEN ST  
CITY-ST-ZIP W PALM BEACH FL ☐ DELETE

TITLE D  
NAME SHELTON, JOYCE  
STREET ADDRESS 302 FOREST ESTATES DR  
CITY-ST-ZIP W PALM BEACH FL 33415 ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME D  
1.3 STREET ADDRESS Gay, Scott  
1.4 CITY-ST-ZIP 930 Lytle St.  
West Palm Beach FL 33405

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

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

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

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

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

*Robert Matthews*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/99

Date

561-694-4414

Daytime Phone #

CR2E037 (11/98)