

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 717213

1. Entity Name

WAGG MEMORIAL UNITED METHODIST CHURCH, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90136 044 ****61.25

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt., #, etc.

Suite, Apt., #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6046494

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MATTHEWS, ROBERT
1027 HANSEN ST
W PALM BEACH FL 33405

Name
MR. CHARLES HARVEY TEAL
Street Address (P.O. Box Number is Not Acceptable)
2720 ACKLINS ROAD
WEST PALM BCH
City
FL Zip Code
33406-7752

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Charles H. Teal

Charles H. (Harvey) Teal, President 4-18-00

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:

FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRAGDON, MICHAEL 1035 MANOR DR LAKE WORTH FL 33461	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOISE, JOHN 2541 BOUNDBROOK BLVD SUITE 101 W PALM BEACH FL 33406	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAY, SCOTT 930 LYTLA ST W PALM BEACH FL 33405	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MATTHEWS, ROBERT 1027 HANSEN ST W PALM BEACH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHELTON, JOYCE 302 FOREST ESTATES DR W PALM BEACH FL 33415	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARJORIE E. ULSAMER 7501 Washington Road W. Palm BCH FL 33405	<input type="checkbox"/> Delete <u>Add</u>

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MRS. BETTY POND 2682 S. Garden Dr. Bldg 16 Apt. 303 LAKE WORTH FL 33461-6220	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Ms. KAREN MILLS 1860 Arabian Rd. W. Palm BCH FL 33406-8603	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mr. Bill BRIDGE 711 Franklin Rd. W. Palm BCH FL 33405	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mr. PAT ENCINOSA 241 Castella Rd W. Palm BCH FL 33405-4733	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Mr. C. HARVEY Teal 2720 Acklins Rd. W. Palm BCH FL 33406-7752	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mrs. Georgianna ABRAMS 708 Selkirk St. W. Palm BCH FL 33405-3136	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Charles H. Teal
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)