

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90021 040 ****61.25

0032310

DOCUMENT # 717213

1. Entity 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 33405-9599

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

MILLS, KAREN
1860 ARABIAN ROAD
WEST PALM BEACH FL 33406

Name **John Perkins**

Street Address (P.O. Box Number is Not Acceptable)

540 West Perry St.

City

Lantana

FL

Zip Code

33462

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

Karen Mills

1-24-02

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 **D** ☒ Delete
NAME **MATTHEWS, BOB**
STREET ADDRESS **1027 HANSEN STREET**
CITY-ST-ZIP **WEST PALM BEACH FL 33405**

TITLE **D** ☐ Delete
NAME **FIELDS, PAUL**
STREET ADDRESS **7129 VENETIAN WAY**
CITY-ST-ZIP **WEST PALM BEACH FL 33406**

TITLE **D** ☒ Delete
NAME **GAY, SCOTT**
STREET ADDRESS **930 LYTLE ST**
CITY-ST-ZIP **W PALM BEACH FL 33405**

TITLE **D** ☒ Delete
NAME **ABRAMS, GEORGIANA**
STREET ADDRESS **708 SELKIRK STREET**
CITY-ST-ZIP **WEST PALM BEACH FL 33405**

TITLE **D** ☒ Delete
NAME **BRIDGE, BILL**
STREET ADDRESS **711 FRANKLIN RD**
CITY-ST-ZIP **WEST PALM BEACH FL 33405**

TITLE **D** ☐ Delete
NAME **ULSAMER, MARJORIE E**
STREET ADDRESS **7501 WASHINGTON ROAD**
CITY-ST-ZIP **WEST PALM BEACH FL 33405**

TITLE **Pat Ramseyer** ☐ Change ☒ Addition
NAME **2103 SW 15th Street**
STREET ADDRESS **Boynton Beach, FL 33426**
CITY-ST-ZIP

TITLE **Adelle Oare** ☐ Change ☒ Addition
NAME **7816 Martin Avenue**
STREET ADDRESS **West Palm Beach, FL 33405**
CITY-ST-ZIP

TITLE **Gerri Spyker** ☐ Change ☒ Addition
NAME **2803 Markhill Road**
STREET ADDRESS **West Palm Beach, FL 33406**
CITY-ST-ZIP

TITLE **Bill Vendrie** ☐ Change ☒ Addition
NAME **509 1/2 Putnam Rd**
STREET ADDRESS **West Palm Beach, FL 33405**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **X**

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)