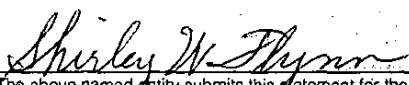
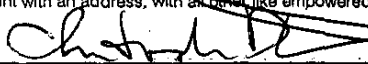


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90090 012 ****61.25

DOCUMENT # 717213 1. Entity 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		
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	
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	
PERKINS, JOHN 540 WEST PRETTY STREET WEST PALM BEACH, FL 33406 				Name Shirley Flynn Street Address (P.O. Box Number is Not Acceptable) 1860 Arabian Rd. City West Palm Beach FL Zip Code 33406	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Shirley W. Flynn</u> 1/27/04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to: Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	☒ Delete	TITLE	☐ Change ☒ Addition	
NAME	RAMSEYER, PAT		NAME	GAY, SCOTT	
STREET ADDRESS	2103 SW 15 STREET		STREET ADDRESS	930 Lytle St.	
CITY-ST-ZIP	BOYNTON BEACH, FL 33426		CITY-ST-ZIP	West Palm Beach, FL 33405	
TITLE	D	☐ Delete	TITLE	☐ Change ☒ Addition	
NAME	ADELE, OARE		NAME	STOOPS, DANNY	
STREET ADDRESS	7816 MARTIN AVENUE		STREET ADDRESS	4945 Saratoga Rd.	
CITY-ST-ZIP	WEST PALM BEACH, FL 33405		CITY-ST-ZIP	West Palm Beach, FL 33415	
TITLE	D	☐ Delete	TITLE	☐ Change ☒ Addition	
NAME	GERRI, SPYKER		NAME	ENCINOSA, PAT	
STREET ADDRESS	2803 MARSHALL RD		STREET ADDRESS	5514 Western Ave.	
CITY-ST-ZIP	WEST PALM BEACH, FL 33406		CITY-ST-ZIP	West Palm Beach, FL 33405	
TITLE	D	☐ Delete	TITLE	☒ Change ☐ Addition	
NAME	BILL, VENDRIC		NAME	OARE, ADELE	
STREET ADDRESS	509 PUTMAN RD		STREET ADDRESS	7816 Martin Ave.	
CITY-ST-ZIP	WEST PALM BEACH, FL 33405		CITY-ST-ZIP	West Palm Beach, FL 33405	
TITLE	D	☒ Delete	TITLE	☒ Change ☐ Addition	
NAME	ULSAMER, MARJORIE E		NAME	SPYKER, GERRI	
STREET ADDRESS	7501 WASHINGTON ROAD		STREET ADDRESS	2803 Marbill Rd.	
CITY-ST-ZIP	WEST PALM BEACH, FL 33405		CITY-ST-ZIP	West Palm Beach, FL 33406	
TITLE		☐ Delete	TITLE	☒ Change ☐ Addition	
NAME			NAME	VENDRIC, BILL	
STREET ADDRESS			STREET ADDRESS	509-1/2 Putnam Rd.	
CITY-ST-ZIP			CITY-ST-ZIP	West Palm Beach, FL 33405	
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 another like empowered.					
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 1-27-04		Daytime Phone # 561-655-3075