

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

APPROVED
AND
FILED

05 JUN -9 PM 3:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05252005 No Chg-NP CR2E037 (10/03)

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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

FLYNN, SHIRLEY
1860 ARABIAN RD
WEST PALM BEACH, FL 33406

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	GAY, SCOTT
STREET ADDRESS	930 LYLE ST
CITY-ST-ZIP	WEST PALM BEACH, FL 33405
TITLE	D
NAME	ADELE OARE OARE, ADELE
STREET ADDRESS	7816 MARTIN AVENUE
CITY-ST-ZIP	WEST PALM BEACH, FL 33405
TITLE	D
NAME	GERRI SPYKER SPYKER, GERRI
STREET ADDRESS	2803 MARSHALL RD MARBILL
CITY-ST-ZIP	WEST PALM BEACH, FL 33406
TITLE	D
NAME	BILL VENDRIC VENDRIC, BILL
STREET ADDRESS	509 PUTNAM RD 509 1/2 PUTNAM RD.
CITY-ST-ZIP	WEST PALM BEACH, FL 33405
TITLE	T
NAME	SPYKER, GERRI
STREET ADDRESS	2803 MARBILL RD
CITY-ST-ZIP	WEST PALM BEACH, FL 33406
TITLE	T
NAME	VENDRIC, BILL
STREET ADDRESS	509 - 1/2 PUTNAM RD PUTNAM
CITY-ST-ZIP	WEST PALM BEACH, FL 33405

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/7/05