
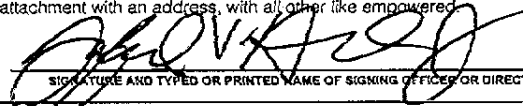


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2006 08:00 AM
Secretary of State

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	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent FLYNN, SHIRLEY 1860 ARABIAN RD WEST PALM BEACH, FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GAY, SCOTT 930 LYTLE ST WEST PALM BEACH, FL 33405	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OARE, ADELE 7816 MARTIN AVENUE WEST PALM BEACH, FL 33405	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPYKER, GERRI 2803 MARBILL RD. WEST PALM BEACH, FL 33406	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VENDRIC, BILL 509-1/2 PUTNAM RD. WEST PALM BEACH, FL 33405	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SPYKER, GERRI 2803 MARBILL RD WEST PALM BEACH, FL 33406	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VENDRIC, BILL 509-1/2 PUTNAME RD. WEST PALM BEACH, FL 33405	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		1/6/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #



01062006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-6046494 { Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

**DO NOT WRITE
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01/13/06-80021-001 61.25

**DO NOT WRITE
IN THIS SPACE**