

FILE NOW: FILING FEE IS \$61.25

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Feb 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortimer
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 749729 (0)

1. Corporation Name
ST. PETER'S UNITED METHODIST CHURCH AT WELLINGTO
N, INC.

Principal Place of Business
1584 W. FOREST HILL BLVD.
WEST PALM BEACH FL 33414

Mailing Address
1584 W. FOREST HILL BLVD.
WEST PALM BEACH FL 33414-5785

3. Date Incorporated or Qualified 11/07/1979
3a. Date of Last Report 02/09/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-1975534		Applied For <input type="checkbox"/> Not Applicable	
21 Sulte, Apt. #, etc.		26 Sulte, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip Country		28 Zip Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24 Zip		25 Country		29 Zip		30 Country	



9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
RICHTER, RAINER G. 11736 ANHINGA DRIVE WEST PALM BEACH FL 33414				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable) 300002055399			
				83 City, State, and Zip Code -02/13/97-01015-043 ***122.50			
				84 City FL			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	TR/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROLPH ANDREW		1.2 NAME	SLACK KATHY	
STREET ADDRESS	1584 W. FOREST HILL BLVD.		1.3 STREET ADDRESS	1584 W. Forest Hill Blvd.	
CITY-ST-ZIP	WES PALM BEACH FL		1.4 CITY-ST-ZIP	West Palm Beach, Fla. 33414	
TITLE	D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	TR/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SPILLANE LINDA		2.2 NAME	DAVIS CLIFFORD	
STREET ADDRESS	1584 W. FOREST HILL BLVD		2.3 STREET ADDRESS	1584 W. Forest Hill Blvd.	
CITY-ST-ZIP	WEST PALM BEACH FL		2.4 CITY-ST-ZIP	West Palm Beach, Fla. 33414	
TITLE	SD	<input type="checkbox"/> DELETE	3.1 TITLE	TR/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROPER, CHERI		3.2 NAME	ROPER, CHERI	
STREET ADDRESS	1584 W FOREST HILL BLVD		3.3 STREET ADDRESS	1584 W. Forest Hill Blvd.	
CITY-ST-ZIP	WEST PALM BCH FL		3.4 CITY-ST-ZIP	West Palm Beach, Fla. 33414	
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	TR/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, BILL		4.2 NAME	BROWN, BILL	
STREET ADDRESS	1584 W. FOREST HIL BLVD.		4.3 STREET ADDRESS	1584 W. Forest Hill Blvd.	
CITY-ST-ZIP	WEST PALM BEACH FL		4.4 CITY-ST-ZIP	West Palm Beach, Fla. 33414	
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	TR/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHEL, DAN		5.2 NAME	MICHEL, DAN	
STREET ADDRESS	1584 W. FOREST HILL BLVD.		5.3 STREET ADDRESS	1584 W. Forest Hill Blvd.	
CITY-ST-ZIP	WEST PALM BEACH FL		5.4 CITY-ST-ZIP	West Palm Beach, FLA. 33414	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

Rainer G. Richter 1/19/97

CR2E037 (9/96)

cc
2/11