

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 Mailing Address
1584 W. FOREST HILL BLVD WEST PALM BEACH FL 33414
1584 W. FOREST HILL BLVD. WEST PALM BEACH FL 33414

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

3. Date Incorporated or Qualified
11/07/1979
4. FEI Number Applied For
59-1975534 Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
RICHTER, RAINER G.
11736 ANHINGA DRIVE
WEST PALM BEACH FL 33414

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 Zip Code

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

TITLE	TO	<input type="checkbox"/> DELETE
NAME	SLACK, KATHY	
STREET ADDRESS	1584 W. FOREST HILL BLVD.	
CITY-ST-ZIP	WEST PALM BEACH FL 33414	
TITLE	TO	<input type="checkbox"/> DELETE
NAME	CLIFFORD, DAVIS	
STREET ADDRESS	1584 W. FOREST HILL BLVD.	
CITY-ST-ZIP	WEST PALM BEACH FL 33414	
TITLE	TRSD	<input type="checkbox"/> DELETE
NAME	ROPER, CHERI	
STREET ADDRESS	1584 W. FOREST HILL BLVD.	
CITY-ST-ZIP	WEST PALM BEACH FL 33414	
TITLE	TRD	<input type="checkbox"/> DELETE
NAME	BROWN, BILL	
STREET ADDRESS	1584 W. FOREST HILL BLVD.	
CITY-ST-ZIP	WEST PALM BEACH FL 33414	
TITLE	TRD	<input checked="" type="checkbox"/> DELETE
NAME	MICHEL, DAN	
STREET ADDRESS	1584 W. FOREST HILL BLVD.	
CITY-ST-ZIP	WEST PALM BEACH FL 33414	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	TULIANO, JERRY
5.3 STREET ADDRESS	1584 W. FOREST HILL BLVD.
5.4 CITY-ST-ZIP	WEST PALM BEACH FL 33414
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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 in an attachment with an address.

SIGNATURE:  February 3, 1998 561-793-5712
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone # 0042101

CR2E037 (10/97)