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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 749729

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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 11/07/1979
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1975534
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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	TD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLACK, KATHY	1.2 NAME	
STREET ADDRESS	1584 W. FOREST HILL BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33414	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLIFFORD, DAVIS	2.2 NAME	
STREET ADDRESS	1584 W. FOREST HILL BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33414	2.4 CITY-ST-ZIP	
TITLE	TRSD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROPER, CHERI	3.2 NAME	
STREET ADDRESS	1584 W. FOREST HILL BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33414	3.4 CITY-ST-ZIP	
TITLE	TRD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, BILL	4.2 NAME	SPILLANE, LINDA
STREET ADDRESS	1584 W. FOREST HILL BLVD.	4.3 STREET ADDRESS	1584 W. FOREST HILL BLVD.
CITY-ST-ZIP	WEST PALM BEACH FL 33414	4.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33414
TITLE	TRD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TULIANO, JERRY	5.2 NAME	
STREET ADDRESS	1584 W. FOREST HILL BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33414	5.4 CITY-ST-ZIP	
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 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, with all other like empowered.

SIGNATURE *[Signature]* **REQUIRED** 1/6/99 561-793-5712
 SIGNATURE AND COPIED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)