

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90377 001 ***122.50

DOCUMENT # 749729

1. Entity Name

ST. PETER'S UNITED METHODIST CHURCH AT WELLINGTO

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 33414-5785

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1975534

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RICHTER, RAINER G.
11736 ANHINGA DRIVE
WEST PALM BEACH FL 33414

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE Delete
 NAME **TD SLACK, KATHY**
 STREET ADDRESS **1584 W. FOREST HILL BLVD.**
 CITY-ST-ZIP **WEST PALM BEACH FL 33414**

TITLE Delete
 NAME **TD CLIFFORD, DAVIS**
 STREET ADDRESS **1584 W. FOREST HILL BLVD.**
 CITY-ST-ZIP **WEST PALM BEACH FL 33414**

TITLE Delete
 NAME **TRSD ROPER, CHERI**
 STREET ADDRESS **1584 W. FOREST HILL BLVD.**
 CITY-ST-ZIP **WEST PALM BEACH FL 33414**

TITLE Delete
 NAME **TRD SPILLANE, LINDA**
 STREET ADDRESS **1584 W. FOREST HILL BLVD.**
 CITY-ST-ZIP **WEST PALM BEACH FL 33414**

TITLE Delete
 NAME **TRD TULIANO, JERRY**
 STREET ADDRESS **1584 W. FOREST HILL BLVD.**
 CITY-ST-ZIP **WEST PALM BEACH FL 33414**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **TD KNOF, ED**
 STREET ADDRESS **1584 W. Forest Hill Blvd.**
 CITY-ST-ZIP **Wellington, Fl 33414**

TITLE Change Addition
 NAME **TD ARMSTRONG, HARRIET**
 STREET ADDRESS **1584 W. Forest Hill Blvd.**
 CITY-ST-ZIP **West Palm Beach, Fl 33414**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 REQUIRED

January 25, 2000

561-793-5712

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #