

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N02554 (6)

1. Corporation Name

THE RECTOR, WARDENS AND VESTRY OF THE CHURCH OF
BETHESDA-BY-THE-SEA

Principal Place of Business

BETHESDA-BY-THE-SEA
141 S. COUNTY RD.
PALM BCH FL 33480
US

Mailing Address

C/O MERSHON, SAWYER, JOHNSTON, DUNWOODY
777 S. FLAGLER DR., SUITE 900
WEST PALM BCH, FL 33401
US



3. Date Incorporated or Qualified

04/16/1984

3a. Date of Last Report

03/13/1995

4. FEI Number

59-0689700

Applied For

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~FICK, RONALD L.~~
~~C/O MERSHON, SAWYER, JOHNSTON, DUNWOODY~~
~~777 S. FLAGLER DR., SUITE 900~~
~~WEST PALM BCH, FL 33401~~
BERTLES, JAMES B.
C/O GUNTER, YOKLEY, VALDES, PAUL & STEWART
777 S. FLAGLER DR., SUITE 500E
WEST PALM BEACH, FL 33401

81 Name

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

84 City

FL

85 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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	RD	<input type="checkbox"/> DELETE
NAME	WARREN, RALPH R., JR.	
STREET ADDRESS	141 S. COUNTY RD.	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PURCELL, CONSTANCE N.	
STREET ADDRESS	141 S. COUNTY RD.	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	KINDRED, JOHN M.	
STREET ADDRESS	141 S. COUNTY RD.	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FICK, RONALD L.	
STREET ADDRESS	777 S. FLAGLER DR., SUITE 900	
CITY-ST-ZIP	WEST PALM BCH, FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	TUCKER, JOHN B.	
STREET ADDRESS	210 DATURA ST.	
CITY-ST-ZIP	WEST PALM BCH, FL	
TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	GRONLUND, ROBERT B.	
STREET ADDRESS	141 S. COUNTY RD.	
CITY-ST-ZIP	PALM BEACH FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	SAME
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	SAME
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	SAME
4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	BERTLES, JAMES B.
4.3 STREET ADDRESS	777 S. Flagler Dr. #500E
4.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33401
5.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	SD
5.3 STREET ADDRESS	KEMPLE, JULIE C.
5.4 CITY-ST-ZIP	206 Caribbean Rd.
6.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	C
6.3 STREET ADDRESS	BERRYMAN, H. W.
6.4 CITY-ST-ZIP	3245 Belvedere Rd.
	West Palm Beach, FL 33406

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE

CR2E037 (12/95)