


FILE NOW: FILING FEE IS \$61.25

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Aug 12 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N02554** (6)

1. Corporation Name

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

Principal Place of Business

Mailing Address

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

**BERTLES, JAMES B.  
777 S FLAGLER DR SUITE 500E  
WEST PALM BCH. FL 33401-6194  
US**



2. Principal Place of Business <b>21</b> <b>SAME</b>		2a. Mailing Address <b>26</b> <b>SAME</b>		3. Date Incorporated or Qualified <b>04/16/1984</b>		3a. Date of Last Report <b>05/01/1996</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>		4. FEI Number <b>59-0689700</b>		Applied For Not Applicable	
City & State <b>23</b>		City & State <b>28</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
Zip <b>24</b>		Country <b>25</b>		6. Election Campaign Financing Trust Fund Contribution <b>\$5.00 May Be Added to Fees</b>			
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BERTLES, JAMES B.  
C/O GUNSTER, YOAKLEY, VALDES, FAULI, STEWA  
777 S FLAGLER DR SUITE 500E  
WEST PALM BCH. FL 33401**

<b>81</b> Name <b>SAME</b>
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City <b>FL</b> <b>85</b> 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 **JB**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>RD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WARREN, RALPH R. JR.</b>	1.2 NAME	
STREET ADDRESS	<b>141 S. COUNTY RD</b>	1.3 STREET ADDRESS	<b>SAME</b>
CITY-ST-ZIP	<b>PALM BEACH FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PURCELL, CONSTANCE N.</b>	2.2 NAME	<b>MYERS, JAMES L. JR</b>
STREET ADDRESS	<b>141 S. COUNTY RD.</b>	2.3 STREET ADDRESS	<b>141 S. COUNTY RD.</b>
CITY-ST-ZIP	<b>PALM BEACH FL</b>	2.4 CITY-ST-ZIP	<b>PALM BEACH, FL</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KINDRED, JOHN M.</b>	3.2 NAME	
STREET ADDRESS	<b>141 S. COUNTY RD.</b>	3.3 STREET ADDRESS	<b>SAME</b>
CITY-ST-ZIP	<b>PALM BEACH FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BERTLES, JAMES B.</b>	4.2 NAME	
STREET ADDRESS	<b>777 S FLAGLER DR 500E</b>	4.3 STREET ADDRESS	<b>SAME</b>
CITY-ST-ZIP	<b>WEST PALM BCH. FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KEMBLE, JULIE C.</b>	5.2 NAME	
STREET ADDRESS	<b>206 CARRIBBEAN RD</b>	5.3 STREET ADDRESS	<b>SAME</b>
CITY-ST-ZIP	<b>WEST PALM BCH. FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>C</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BERRYMAN, H.W.</b>	6.2 NAME	<b>TUCKER, JOHN B (MRS)</b>
STREET ADDRESS	<b>3245 BELVEDERE RD</b>	6.3 STREET ADDRESS	<b>1072 NORTH OCEAN BOULEVARD</b>
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	6.4 CITY-ST-ZIP	<b>PALM BEACH, FL</b>

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.

SIGNATURE \_\_\_\_\_ DATE **Aug 7, 1997**

CR2E037 (9/96)