

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 03, 1999 8:00 am
Secretary of State

08-03-1999 90008 032 ****61.25

DOCUMENT # N02554

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

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



2. Principal Place of Business

21 SAME
Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 SAME
Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

04/16/1984

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

SAME

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

83

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

REGISTERED AGENT DID NOT CHANGE.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE RD ☐ DELETE

NAME WARREN, RALPH R. JR.
STREET ADDRESS 141 S. COUNTY RD
CITY-ST-ZIP PALM BEACH FL

TITLE D ☒ DELETE

NAME BIGGS, H WAYNE
STREET ADDRESS 339 SANDPIPER AVENUE
CITY-ST-ZIP ROYAL PALM BEACH FL

TITLE TD ☒ DELETE

NAME CAHALL, RICHARD J
STREET ADDRESS 249 BAHANA LANE
CITY-ST-ZIP PALM BEACH FL

TITLE D ☐ DELETE

NAME BERTLES, JAMES B.
STREET ADDRESS 777 S FLAGLER DR 500E
CITY-ST-ZIP WEST PALM BCH. FL

TITLE SD ☐ DELETE

NAME BAKER, LAUREL
STREET ADDRESS 127 SEASPRAY AVENUE
CITY-ST-ZIP PALM BEACH FL

TITLE C ☐ DELETE

NAME TUCKER, JOAN B
STREET ADDRESS 1072 NORTH OCEAN BLVD
CITY-ST-ZIP PALM BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME D
2.3 STREET ADDRESS CONSTANCE N. PURCELL
2.4 CITY-ST-ZIP 435 BRAZILIAN AVE.
PALM BEACH, FL. 33480

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME TD
3.3 STREET ADDRESS JOHN M. KINDRED
3.4 CITY-ST-ZIP 243 KENLYN LANE
PALM BEACH, FL. 33480

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Ralph R. Warren, Jr.

07/21/99

(561) 655-4554

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)