

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90087 034 ****70.00

DOCUMENT # N02554

1. Entity 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

**PETER S BROBERG
BETHESDA-BY-THE-SEA PO BOX 1057
PALM BEACH FL 33480
US**

2. Principal Place of Business

3. Mailing Address



1st MOORE CR2E037 (10/04)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0689700

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BROBERG, PETER S.
COE & BROBERG
223 PERUVIAN AVE
PALM BEACH FL 33480**

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SW** ☒ Delete
NAME **BERTLES, JAMES B**
STREET ADDRESS **226 EDEN RD.**
CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE **T** ☐ Delete
NAME **KINDRED, JOHN M**
STREET ADDRESS **243 KENLYN ROAD**
CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE **CLK** ☒ Delete
NAME **WALLACE, ROBERT E III**
STREET ADDRESS **802 18TH AVE NORTH**
CITY-ST-ZIP **LAKE WORTH FL 33460**

TITLE **CHN** ☒ Delete
NAME **LETTIS, SOPHIA M**
STREET ADDRESS **419 SEAVIEW AVE.**
CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE **REC** ☐ Delete
NAME **WARREN, RALPH R JR.**
STREET ADDRESS **141 S. COUNTY RD**
CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE **JW** ☒ Delete
NAME **CARLOUGH-MELINE, JANE**
STREET ADDRESS **6684 WOODLAKE RD.**
CITY-ST-ZIP **JUPITER FL 33458**

TITLE **Senior Warden** ☐ Change ☒ Addition
NAME **John H. Schuler**
STREET ADDRESS **200 Jungle Road**
CITY-ST-ZIP **Palm Beach, FL 33480**

TITLE **Junior Warden** ☐ Change ☒ Addition
NAME **Constance Purcell**
STREET ADDRESS **435 Brazilian Ave**
CITY-ST-ZIP **Palm Beach, FL 33480**

TITLE **Chancellor** ☐ Change ☒ Addition
NAME **Peter S. Broberg**
STREET ADDRESS **223 Peruvian Ave**
CITY-ST-ZIP **Palm Beach, FL 33480**

TITLE **Clerk** ☐ Change ☒ Addition
NAME **Sophia M. Lettis**
STREET ADDRESS **334 Chilean Ave, #2**
CITY-ST-ZIP **Palm Beach, FL 33480**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

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: *Ralph R Warren Jr*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/05 (561) 655-4554
Date Daytime Phone #