


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # N02554 1. Entity Name THE RECTOR, WARDENS AND VESTRY OF THE CHURCH OF BETHESDA-BY-THE-SEA	
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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
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01232006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0689700	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BROBERG, PETER S. COE & BROBERG 223 PERUVIAN AVE PALM BEACH, FL 33480

**DO NOT WRITE
IN THIS SPACE**

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 *Peter S Broberg* DATE 1-31-06
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent Signature required when reinstating)

**Filing Fee is \$81.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**000000419182
02/14/06-80036-018 70.00**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SRW SCHULER, JOHN H 200 JUNGLE ROAD PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KINDRED, JOHN M 243 KENLYN ROAD PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAN BROBERG, PETER S 223 PERUVIAN AVE PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CLER LETTS, SOPHIA 334 CHILEAN AVE #2 PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REC WARREN, RALPH R JR. 141 S. COUNTY RD PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JW PURCELL, CONSTANCE 435 BRAZILIAN AVE PALM BEACH, FL 33480

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Peter S Broberg* DATE 1-31-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR