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CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 22 AM 11:06

DOCUMENT # **N19747** **(7)**

1. Corporation Name

ALDERSGATE UNITED METHODIST CHURCH OF PALM CITY, INC.

Principal Place of Business	Mailing Address
5200 SW MARTIN HWY PALM CITY FL 34990 US	5200 SW MARTIN HWY PALM CITY FL 34990 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/19/1987**
3a. Date of Last Report: **02/23/1994**
4. FEI Number: **05-4442215** ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

NELSON, RON
5502 SW SUNSHINE FARMS WAY
PALM CITY FL 34990

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	11 TITLE	☐ Change ☐ Addition
NAME	NELSON, RON	12 NAME	
STREET ADDRESS	5502 SW SUNSHINE FARMS	13 STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL	14 CITY-ST-ZIP	
TITLE	T	21 TITLE	☐ Change ☐ Addition
NAME	HORN, ARTHUR	22 NAME	
STREET ADDRESS	2137 SW HERONWOOD RD	23 STREET ADDRESS	DECEASED!
CITY-ST-ZIP	PALM CITY FL	24 CITY-ST-ZIP	
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	BOYD, TOM	32 NAME	T/D/Tr
STREET ADDRESS	7100 SW GATOR TRAIL	33 STREET ADDRESS	BOYD, TOM
CITY-ST-ZIP	PALM CITY FL	34 CITY-ST-ZIP	7100 S.W. GATOR TRAIL PALM CITY, FL.
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	COLACINO, DON	42 NAME	D
STREET ADDRESS	3878 SW SAILFISH DR.	43 STREET ADDRESS	COLACINO, DON
CITY-ST-ZIP	PALM CITY FL	44 CITY-ST-ZIP	4794 S.E. COMPASS WAY
TITLE	D	51 TITLE	STUART, FL. ☐ Change ☐ Addition
NAME	CUDA, ANTHONY	52 NAME	
STREET ADDRESS	2714 SW MONARCH TRAIL	53 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	MURPHY, MADOLINE	62 NAME	
STREET ADDRESS	P.O. BOX 1485 N/A	63 STREET ADDRESS	
CITY-ST-ZIP	INDIANTOWN FL	64 CITY-ST-ZIP	

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)(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: _____ JAN 20, 1995 407-287-1714
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

THOMAS C. BOYD TREASURER/DIRECTOR

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