

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N19747 (7)**

1. Corporation Name

**ALDRSGATE UNITED METHODIST CHURCH OF PALM CITY, INC.**



Principal Place of Business

Mailing Address

**5200 SW MARTIN HWY  
PALM CITY FL 34990  
US**

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PALM CITY FL 34990  
US**

3. Date Incorporated or Qualified  
**03/19/1987**

3a. Date of Last Report  
**02/22/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**05-4442215**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution

☐

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

23

28

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

24

Country

Country

25

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

**C  
NELSON, RON  
5502 SW SUNSHINE FARMS  
PALM CITY FL**

11 TITLE ☐ Change ☐ Addition

NAME

12 NAME

STREET ADDRESS

13 STREET ADDRESS

CITY - ST - ZIP

14 CITY - ST - ZIP

TITLE ☒ DELETE

**TDTR  
BOYD, TOM  
7100 SW GATOR TRAIL  
PALM CITY FL**

21 TITLE ☒ Change ☐ Addition

NAME

22 NAME

STREET ADDRESS

23 STREET ADDRESS

CITY - ST - ZIP

24 CITY - ST - ZIP

TITLE ☐ DELETE

**D  
COLACINO, DON  
4794 S.E. COMPASS WAY  
STUART FL**

31 TITLE ☐ Change ☐ Addition

NAME

32 NAME

STREET ADDRESS

33 STREET ADDRESS

CITY - ST - ZIP

34 CITY - ST - ZIP

TITLE ☐ DELETE

**D  
CUDA, ANTHONY  
2714 SW MONARCH TRAIL  
STUART FL**

41 TITLE ☐ Change ☐ Addition

NAME

42 NAME

STREET ADDRESS

43 STREET ADDRESS

CITY - ST - ZIP

44 CITY - ST - ZIP

TITLE ☒ DELETE

**D  
MURPHY, MADOLINE  
P.O. BOX 1485 N/A  
INDIANTOWN FL**

51 TITLE ☒ Change ☐ Addition

NAME

52 NAME

STREET ADDRESS

53 STREET ADDRESS

CITY - ST - ZIP

54 CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS

61 TITLE

62 NAME

63 STREET ADDRESS

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)(k), 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:

*MURPHY*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-21-96 (407) 288-7484**

Date

Daytime Phone #

CR2E037 (12/95)