

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 31 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # **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****5200 SW MARTIN HWY
PALM CITY FL 34990-5531
US**3. Date Incorporated or Qualified
03/19/19873a. Date of Last Report
01/29/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
05-4442215Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00 May Be
Added to Fees**8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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	C	<input type="checkbox"/> DELETE
NAME	NELSON, RON	
STREET ADDRESS	5502 SW SUNSHINE FARMS	
CITY - ST - ZIP	PALM CITY FL 34990	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	WOOSTER	
STREET ADDRESS	6354 SW BUSCH ST	
CITY - ST - ZIP	PALM CITY FL	

2.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	William Carey	
2.3 STREET ADDRESS	810 S.W. Bittern Street	
2.4 CITY - ST - ZIP	Palm City, FL 34990	

TITLE	D	<input type="checkbox"/> DELETE
NAME	COLACINO, DON	
STREET ADDRESS	4794 S.E. COMPASS WAY	
CITY - ST - ZIP	STUART FL 34997	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	CUDA, ANTHONY	
STREET ADDRESS	2714 SW MONARCH TRAIL	
CITY - ST - ZIP	STUART FL	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BOFF, RALPH	
STREET ADDRESS	14843 SW LAKE DRIVE	
CITY - ST - ZIP	INDIANTOWN FL 34956	

5.1 TITLE	Board of Directors	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Tom Boyd	
5.3 STREET ADDRESS	3089 SW Montebello Place	
5.4 CITY - ST - ZIP	Palm City, FL 34990	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0071740

CR2E037 (9/96)

1/23/97 561-288-4502