


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N19747 (7)					
1. Corporation Name ALDRSGATE UNITED METHODIST CHURCH OF PALM CITY, INC.					
Principal Place of Business 5200 SW MARTIN HWY PALM CITY FL 34990 US			Mailing Address 5200 SW MARTIN HWY PALM CITY FL 34990 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/19/1987	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 05-4442215	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	<input type="checkbox"/> DELETE				
NAME	C NELSON, RON				
STREET ADDRESS	5502 SW SUNSHINE FARMS				
CITY-ST-ZIP	PALM CITY FL				
TITLE	<input type="checkbox"/> DELETE				
NAME	T CAREY, WILLIAM				
STREET ADDRESS	810 SW BITTERN ST				
CITY-ST-ZIP	PALM CITY FL				
TITLE	<input type="checkbox"/> DELETE				
NAME	D COLACINO, DON				
STREET ADDRESS	4794 S.E. COMPASS WAY				
CITY-ST-ZIP	STUART FL				
TITLE	<input type="checkbox"/> DELETE				
NAME	D CUDIA, ANTHONY				
STREET ADDRESS	2714 SW MONARCH TRAIL				
CITY-ST-ZIP	STUART FL				
TITLE	<input type="checkbox"/> DELETE				
NAME	D BOYD, TOM				
STREET ADDRESS	3089 SW MONTEBELLO PLACE				
CITY-ST-ZIP	PALM CITY FL				
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					

3. Date Incorporated or Qualified 03/19/1987	
4. FEI Number 05-4442215	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	



14. 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 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:  **SANDRA B. MORTHAM**

CR2E037 (10/97)