## 2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## **DOCUMENT # N19747** 1. Entity Name FILED ALDERSGATE UNITED METHODIST CHURCH OF PALM CITY, INC. 04 NOV -4 AN II: 55 Principal Place of Business Mailing Address 5200 SW MARTIN HWY **5200 SW MARTIN HWY** SECRETARY OF STATE PALM CITY, FL 34990 US PALM CITY, FL 34990 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number 05-4442215 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7, Name and Address of New Registered Agent **ESSENWINE, JOHN** Street Address (P.O. Box Number is Not Acceptable) 2591 SW ESTELLA TERRACE PALM CITY, FL 34990 Zip Code 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: Signature, typed or printed name of registered agent and title if applicable DATE FILE NOWIJ FEE 18 \$61.25 Make check payable to In accordance with s. 607.193(2)(b), F.S., the After January 1, 2005, Fee will be \$122.50 corporation did not receive the prior notice. Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete TITLE ☐ Change Addition ESSENWINE, JOHN NAME NAME 7,00042475017 STREET ADDRESS 2591 SW ESTELLA TERR STREET ADDRESS 11/04/04--01045--004 \*\*61.25 CITY-ST-ZIP PALM CITY, FL 34990 CITY-ST-ZIP TITLE Delete Change ☐ Addition STROM, ED NAME NAME STREET ADDRESS 2027 SW STRATFORD WAY STREET ADDRESS CITY-ST-ZIP PALM CITY, FL 34990 CITY-ST-ZIP TITLE Delete TITLE ☐ Change **Addition** BRUNO, NANCY ttarwood NAME NAME 2442 S W RACQUET CLUB DR tibatross Wau STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM CITY, FL 34990 CITY-ST-78 TITLE ☐ Delete TITLE ☐ Change ☐ Addition BOTT, MONK MAME NAME STREET ADDRESS 14643 S W RAKE DR STREET ADDRESS CITY-ST-ZIP INDIANTOWN, FL 34956 CITY-\$T-ZIP TITLE Delete Secretaru Change ■ Addition DURKEE, KATHY NAME NAME P.O. BOX 782 STREET ADDRESS STREET ADDRESS PALM CITY, FL 34991 CITY-ST-78P CITY-ST-ZIP TITLE Delete TITLE Change Change Addition TRENT, STUART NAME NAME STREET ADDRESS 2000 SW DOVE TRAIL TERRACE STREET ADORESS CITY-ST-ZIP PALM CITY, FL 34990 CITY-ST-ZIP coes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information accurate and they my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information supplied vith this filing indicated on this report or supplemental report is true and of the corporation or the receiver or trustee empowered to changed, or on an attachment with an address, with all of **SIGNATURE:**