


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jul 27, 2005 08:00 AM  
Secretary of State**

<b>DOCUMENT # N19747</b> 1. Entity Name <b>ALDERSGATE UNITED METHODIST CHURCH OF PALM CITY, INC.</b>	
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Principal Place of Business <b>5200 SW MARTIN HWY PALM CITY, FL 34990 US</b>	Mailing Address <b>5200 SW MARTIN HWY PALM CITY, FL 34990 US</b>
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07032005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>05-4442215</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>ESSENWINE, JOHN 2591 SW ESTELLA TERRACE PALM CITY, FL 34990</b>
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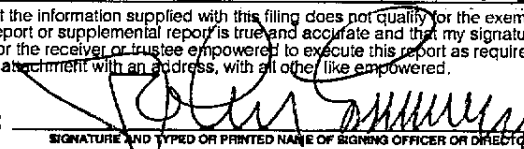
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

<b>Filing Fee is \$61.25 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U000000374634 07/27/05-80001-003 61.25</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C ESSENWINE, JOHN 2591 SW ESTELLA TERR PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STROM, ED 2027 SW STRATFORD WAY PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARWOOD, BRENDA 1659 S.W. ALBATROSS WAY PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOTT, MONK 14643 S W RAKE DR INDIANTOWN, FL 34956
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DURKEE, KATHY P.O. BOX 782 PALM CITY, FL 34991
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <del>TRENT, STUART</del> <del>2000 SW DOVE TRAIL TERRACE</del> <del>PALM CITY, FL 34990</del>

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an amendment with an address, with all other like empowered.	
<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <b>07/06/05</b> 772-286-5119 <small>Daytime Phone #</small>