


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2007 8:00 am**  
**Secretary of State**

01-26-2007 90035 043 \*\*\*\*61.25

<b>DOCUMENT # N19747</b>					
<b>1. Entity Name</b> ALDERSGATE UNITED METHODIST CHURCH OF PALM CITY, INC.					
<b>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>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01162007 Chg-NP CR2E037 (12/06)	
Zip		Country		<b>4. FEI Number</b> 05-4442215	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
HILL, WILLIAM 5222 ORCHID BAY DRIVE PALM CITY, FL 34990			Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> C	<b>NAME</b> HILL, WILLIAM		<b>TITLE</b> D	<b>NAME</b> Mary Moore	
<b>STREET ADDRESS</b> 5222 ORCHID BAY DRIVE	<b>CITY-ST-ZIP</b> PALM CITY, FL 34990		<b>STREET ADDRESS</b> 5767 N.W. Whitecap Road	<b>CITY-ST-ZIP</b> Port Saint Lucie, FL 34986	
<b>TITLE</b> D	<b>NAME</b> HAINES, HUGH		<b>TITLE</b> D	<b>NAME</b> Susan McAdoo	
<b>STREET ADDRESS</b> 16398 SOUTHWEST TWO WOOD WAY	<b>CITY-ST-ZIP</b> INDIANTOWN, FL 34956		<b>STREET ADDRESS</b> 5366 S.W. Leeward Lane	<b>CITY-ST-ZIP</b> Palm City FL 34990	
<b>TITLE</b> T	<b>NAME</b> COALE, DEAH		<b>TITLE</b> D	<b>NAME</b> Sharon Leone	
<b>STREET ADDRESS</b> 2671 SOUTHWEST BEAR PAW TRAIL	<b>CITY-ST-ZIP</b> PALM CITY, FL 34990		<b>STREET ADDRESS</b> 366 S.W. Belmont Circle	<b>CITY-ST-ZIP</b> Port Saint Lucie, FL 34953	
<b>TITLE</b> D	<b>NAME</b> BOTT, MONK		<b>TITLE</b> 	<b>NAME</b> 	
<b>STREET ADDRESS</b> 14643 S WRAKE DR	<b>CITY-ST-ZIP</b> INDIANTOWN, FL 34956		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> S	<b>NAME</b> DURKEE, KATHY		<b>TITLE</b> 	<b>NAME</b> 	
<b>STREET ADDRESS</b> P.O. BOX 782	<b>CITY-ST-ZIP</b> PALM CITY, FL 34991		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> S	<b>NAME</b> JAUME, NATALIE		<b>TITLE</b> 	<b>NAME</b> 	
<b>STREET ADDRESS</b> 11806 SOUTHWEST GRAPEFRUIT COURT	<b>CITY-ST-ZIP</b> PALM CITY, FL 34990		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b> <i>William A. Hiep</i>			1/17/07 772-220-8058		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		