2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2008 8:00 am
Secretary of State
03-07-2008 90028 017 ****61.25

DOCUMENT # N19747

1. Entity Name
ALDERSGATE 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 US

01292008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 05-4442215 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HILL, WILLIAM 5222 ORCHID BAY DRIVE PALM CITY, FL 34990	Name ERIC J. BERGSTROM Street Address (P.O. Box Number is Not Acceptable) 1754 SW CRANE CREEK CIRCLE City PALM CITY FL Zip Code 34990

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 ERIC J. BERGSTROM CHAIRMAN TRUSTEE COMMITTEE 1-29-08
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C HILL, WILLIAM 5222 ORCHID BAY DRIVE PALM CITY, FL 34990	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C ERIC J. BERGSTROM 1754 SW CRANE CREEK CIRCLE PALM CITY, FL 34990	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAINES, HUGH 16398 SOUTHWEST TWO WOOD WAY INDIANTOWN, FL 34956	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARY MOORE 5767 NW WHITECAP ROAD PORT SAINT LUCIE, FL 34986	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T COALE, DEAH 2671 SOUTHWEST BEAR PAW TRAIL PALM CITY, FL 34990	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VC LOUISE WHITE 2843 SW TORONADO TRAIL STUART FL 34997	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOORE, MARY 5767 N.W. WHITECAP ROAD PORT SAINT LUCIE, FL 34986	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHN ESSENWINE 2591 SW ESTELLA TERRACE PALM CITY, FL 34990	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DURKEE, KATHY P.O. BOX 782 PALM CITY, FL 34991	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RALPH BOTT 14643 SW RAKE DRIVE INDIANTOWN, FL 34956	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S JAUME, NATALIE 11806 SOUTHWEST GRAPEFRUIT COURT PALM CITY, FL 34990	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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.

SIGNATURE: ERIC J. BERGSTROM 1-29-08 772-288-4502
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #