

# 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N19747

1. Entity Name  
ALDERSGATE 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

FILED  
08 MAY 19 PM 1:46

CLERK OF STATE  
TALLAHASSEE, FLORIDA



04172008 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

BERGSTROM, ERIC J  
1754 SW CRANE CREEK CIRCLE  
PALM CITY, FL 34990

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

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  
BERGSTROM, ERIC J  
1754 SW CRANE CREEK CIRCLE  
PALM CITY, FL 34990 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
William B. Miller  
2542 SW Westfield St.  
Port Saint Lucie, FL 34953 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MOORE, MARY  
5767 NW WHITECAP ROAD  
PORT SAINT LUCIE, FL 34986 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*AS 5/21* ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VC  
WHITE, LOUISE  
2843 SW TORONADO TRAIL  
STUART, FL 34997 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
ESSENWINE, JOHN  
2591 SW ESTELLA TERRACE  
PALM CITY, FL 34990 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
3  
400130677 ☐ Change ☐ Addition  
06/03/08--01017--012 \*\*61.25

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BOTT, RALPH  
14643 SW RAKE DRIVE  
INDIANTOWN, FL 34956 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ 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:

*[Signature]*

Eric J. Bergstrom

772.288.4502

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #