

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19747

FILED
Jan 29, 2009
Secretary of State

Entity Name: ALDERSGATE UNITED METHODIST CHURCH OF PALM CITY, INC.

Current Principal Place of Business:

5200 SW MARTIN HWY
PALM CITY, FL 34990 US

New Principal Place of Business:

Current Mailing Address:

5200 SW MARTIN HWY
PALM CITY, FL 34990 US

New Mailing Address:

FEI Number: 05-4442215

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

MILLER, WILLIAM B JR.
5200 SW MARTIN HIGHWAY
PALM CITY, FL 34990 US

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.

SIGNATURE: WILLIAM B. MILLER, JR.

01/29/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: BERGSTROM, ERIC J
Address: 1754 SW CRANE CREEK CIRCLE
City-St-Zip: PALM CITY, FL 34990

Title: D () Delete
Name: MOORE, MARY
Address: 5767 NW WHITECAP ROAD
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: VC () Delete
Name: WHITE, LOUISE
Address: 2843 SW TORONADO TRAIL
City-St-Zip: STUART, FL 34997

Title: D () Delete
Name: MILLER, WILLIAM B
Address: 2542 SW WESTFIELD ST
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: D () Delete
Name: BOTT, RALPH
Address: 14643 SW RAKE DRIVE
City-St-Zip: INDIANTOWN, FL 34956

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: MILLER, WILLIAM B JR.
Address: 2542 SW WESTFIELD ST
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VC (X) Change () Addition
Name: LUNING, ROB
Address: 5508 SW CHEROKEE STREET
City-St-Zip: PALM CITY, FL 34990

Title: D (X) Change () Addition
Name: HAINES, THEOLA
Address: 16398 SW TWO WOOD WAY
City-St-Zip: INDIANTOWN, FL 34956

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: LEONE, SHARON
Address: 365 SW BELMONT CIR
City-St-Zip: PORT SAINT LUCIE, FL 34953

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM B. MILLER, JR.

C

01/29/2009

Electronic Signature of Signing Officer or Director

Date