FILED
Apr 30, 2003 8:00 am
Secretary of State
04-30-2003 90322 037 ****61.25

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N19747

90114443

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

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

☒ CHECK HERE IF MAKING CHANGES

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
~~CONNELL, SANDRA~~
~~804 OCEAN RD~~
~~STUART, FL 34996~~
John Essenwine
2591 SW Estella Terrace
Palm City, FL. 34990

7. Name and Address of New Registered Agent
Name John Essenwine
Street Address (P.O. Box Number Is Not Acceptable)
2591 SW Estella Terrace
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 _____ DATE 4/26/03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW - FEE 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 C ☒ Delete		TITLE C ☒ Change ☐ Addition	
NAME	CONNELL, SANDRA	NAME	Essenwine, John
STREET ADDRESS	804 OCEAN RD	STREET ADDRESS	2591 SW Estella Ter
CITY-ST-ZIP	STUART, FL 34996	CITY-ST-ZIP	Palm City, FL 34990
TITLE VT ☒ Delete		TITLE V ☐ Change ☒ Addition	
NAME	ESSENWINE, JOHN	NAME	Strom, Ed
STREET ADDRESS	2591 S W ESTELLA TER	STREET ADDRESS	2027 SW Stratford Way
CITY-ST-ZIP	PALM CITY, FL 34990	CITY-ST-ZIP	Palm City, FL. 34990
TITLE S ☐ Delete		TITLE ☐ Change ☐ Addition	
NAME	BRUNO, NANCY	NAME	
STREET ADDRESS	2442 S W RACQUET CLUB DR	STREET ADDRESS	
CITY-ST-ZIP	PALM CITY, FL 34990	CITY-ST-ZIP	
TITLE D ☐ Delete		TITLE ☐ Change ☐ Addition	
NAME	BOTT, MONK	NAME	
STREET ADDRESS	14643 S W RAKE DR	STREET ADDRESS	
CITY-ST-ZIP	INDIANTOWN, FL 34956	CITY-ST-ZIP	
TITLE D ☒ Delete		TITLE D ☐ Change ☒ Addition	
NAME	MORRISSETTE, KAREN	NAME	Durkee, Kathy
STREET ADDRESS	1973 S W CAPRI ST	STREET ADDRESS	P.O. Box 782
CITY-ST-ZIP	PALM CITY, FL 34990	CITY-ST-ZIP	Palm City, FL. 34991
TITLE D ☒ Delete		TITLE D ☐ Change ☒ Addition	
NAME	CHAPPELL, LEIGH	NAME	Trent, Stuart
STREET ADDRESS	23392 S W MARTIN HWY	STREET ADDRESS	2000 SW Dove Trail Terrace
CITY-ST-ZIP	OKEECHOBEE, FL 34974	CITY-ST-ZIP	Palm City, FL. 34990

CR2E037 (10/02)

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 attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/26/03 772-288-4502
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #