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CORPORATION
 ANNUAL REPORT
 1995



FLORIDA DEPARTMENT OF STATE
 Sandra B. Murrison
 Secretary of State
 Tallahassee, Florida 32304-0001

DOCUMENT # N26886 (4)

UNITED METHODIST CHURCH OF THE PALM BEACHES, INC

DO NOT WRITE IN THIS SPACE

1. Principal Place of Business		Mailing Address	
MRS. FRANK COFER 900 BRANDYWINE ROAD WEST PALM BEACH FL 33409-2003 US		MRS. FRANK COFER 900 BRANDYWINE ROAD WEST PALM BEACH FL 33409-2003 US	
2. Principal Place of Business	2a. Mailing Address	21. Suite, Apt. # etc.	27. Suite, Apt. # etc.
22. City & State	28. City & State	23. Zip	29. Zip
24. Country	25. Country	30. Country	30. Country

3. Date Incorporated or Qualified	3a. Date of Last Report
06/09/1988	04/01/1994
4. FEI Number	Applied For
59-0803200	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for purposes of Chapter 6, 100.039 Florida Statutes	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
COFER, MRS. FRANK 900 BRANDYWINE ROAD WEST PALM BEACH FL 33409				B1. Name			
				B2. Street Address (P.O. Box Number is Not Acceptable)			
				B3. City			
				B4. City	FL	B5. Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES, TO OFFICERS AND DIRECTORS IN '95	
TITLE	CD	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD OETINGER	11 NAME	
STREET ADDRESS	8228 PIONEER RD	11 STREET ADDRESS	
CITY, ST, ZIP	WEST PALM BCH FL	11 CITY, ST, ZIP	33411
TITLE	VD	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YANSURA, JEFFREY A	21 NAME	
STREET ADDRESS	714 CLAREMORE DR	21 STREET ADDRESS	
CITY, ST, ZIP	W PALM BCH FL	21 CITY, ST, ZIP	WEST PALM BEACH, FL 33409
TITLE	SD	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROPP, JOE ANNE	31 NAME	
STREET ADDRESS	2890 CUYAHOGA LANE	31 STREET ADDRESS	
CITY, ST, ZIP	W PALM BCH FL	31 CITY, ST, ZIP	WEST PALM BEACH, FL 33406
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		41 NAME	
STREET ADDRESS		41 STREET ADDRESS	
CITY, ST, ZIP		41 CITY, ST, ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		51 NAME	
STREET ADDRESS		51 STREET ADDRESS	
CITY, ST, ZIP		51 CITY, ST, ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		61 NAME	
STREET ADDRESS		61 STREET ADDRESS	
CITY, ST, ZIP		61 CITY, ST, ZIP	

14. I, the undersigned, certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included in this annual report or supplemental annual 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 12 or Block 13 of this document, or on any attachment with an address.

SIGNATURE: *Richard Oetinger* Richard Oetinger 4-26-95 407 687-5411
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Month/Day/Year)