

FILE NOW: FILING FEE IS \$61.25

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Feb 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northrup Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N26886 (4)

1. Corporation Name
UNITED METHODIST CHURCH OF THE PALM BEACHES, INC



Principal Place of Business MRS. FRANK COFER 900 BRANDYWINE ROAD WEST PALM BEACH FL 33409-2003 US	Mailing Address MRS. FRANK COFER 900 BRANDYWINE ROAD WEST PALM BEACH FL 33409-2003 US
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3. Date Incorporated or Qualified 06/09/1988		
4. FEI Number 59-0803200	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21 SEE ABOVE	2a. Mailing Address 28 SEE ABOVE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 26
Zip 24	Country 25
Country 29	Zip 30

9. Name and Address of Current Registered Agent NANCY M. REEVES 900 BRANDYWINE ROAD WEST PALM BEACH FL 33409		10. Name and Address of New Registered Agent	
		81 Name Maryann B. Johnson	
		82 Street Address (P.O. Box Number is Not Acceptable) 900 Brandywine Road	
		83	
		84 City West Palm Beach	85 Zip Code FL 33409

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Maryann B. Johnson* (NOTE: Registered Agent signature required when reinstating) DATE: **2/17/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE CD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RICHARD OETINGER		1.2 NAME	
STREET ADDRESS 8228 PIONEER RD		1.3 STREET ADDRESS	
CITY-ST-ZIP WEST PALM BCH FL		1.4 CITY-ST-ZIP	
TITLE VD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WHITMER, R K		2.2 NAME	
STREET ADDRESS 2815 GETTYSBURG LANE		2.3 STREET ADDRESS	
CITY-ST-ZIP W. PALM BCH FL		2.4 CITY-ST-ZIP	
TITLE SD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BAKER, H D		3.2 NAME	
STREET ADDRESS 7722 PINE TREE LANE		3.3 STREET ADDRESS	
CITY-ST-ZIP W. PALM BEACH FL		3.4 CITY-ST-ZIP	
TITLE T	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KITZ, ART		4.2 NAME KITE, ART	
STREET ADDRESS 3142 KINGSTON CT		4.3 STREET ADDRESS	
CITY-ST-ZIP WPB FL		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on 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 if changed, or on an attachment with an address.

SIGNATURE: *Maryann B. Johnson* *Art Kite* TREASURER **1/29/98** (561)687-5411

CFR2007 (10/97)