

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 09, 2004
Secretary of State**

DOCUMENT# N26886

Entity Name: UNITED METHODIST CHURCH OF THE PALM BEACHES, INC.

Current Principal Place of Business:

900 BRANDYWINE ROAD
WEST PALM BEACH, FL 334092003 US

New Principal Place of Business:

Current Mailing Address:

900 BRANDYWINE ROAD
WEST PALM BEACH, FL 334092003 US

New Mailing Address:

FEI Number: 59-0803200 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, MARYANN B
900 BRANDYWINE RD
WEST PALM BEACH, FL 33409 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: SLIDER, RICK
Address: 2073 CEZANNE RD.
City-St-Zip: WEST PALM BEACH, FL 33409

Title: VD () Delete
Name: BLACK, GRAHAM
Address: 357 VALLEY FORGE RD.
City-St-Zip: WEST PALM BEACH, FL 33405

Title: SD () Delete
Name: STINSON, STEVE
Address: 224 2ND TERR.
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: T () Delete
Name: KITE, ART
Address: 610 DRACENA DR
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ART KITE, TREASURER

Electronic Signature of Signing Officer or Director

MR.

01/09/2004

Date