2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26886

FILED Feb 03, 2005 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

900 BRANDYWINE ROAD

WEST PALM BEACH, FL 334092003 US

Current Mailing Address: New Mailing Address:

900 BRANDYWINE ROAD

WEST PALM BEACH, FL 334092003 US

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JOHNSON, MARYANN B MELCHIORI, JEANNIE B 900 BRANDYWINE RD 900 BRANDYWINE RD

WEST PALM BEACH, FL 33409 US WEST PALM BEACH, FL 33409 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: JEANNIE MELCHIORI 02/03/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: CD () Delete Title: CD (X) Change () Addition

Name:SLIDER, RICKName:SLIDER, RICKAddress:2073 CEZANNE RD.Address:107 VIZCAYA ESTATES DRIVE

City-St-Zip: WEST PALM BEACH, FL 33409 City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: VD () Delete Title: VD (X) Change () Addition Name: BLACK, GRAHAM Name: WAGNER, RICK

Address: 357 VALLEY FORGE RD. Address: 1232 AVONDALE LANE
City-St-Zip: WEST PALM BEACH, FL 33405 City-St-Zip: WEST PALM BEACH, FL 33409

Title: SD () Delete Title: SD (X) Change () Addition

Name: STINSON, STEVE Name: BRAND, KAY

Address: 224 2ND TERR. Address: 747 ILENE ROAD WEST
City-St-Zip: PALM BEACH GARDENS, FL 33418 City-St-Zip: WEST PALM BEACH, FL 33415

Title: T () Delete Title: () Change () Addition

 Name:
 KITE, ART
 Name:

 Address:
 610 DRACENA DR
 Address:

 City-St-Zip:
 WELLINGTON, FL 33414
 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 T 02/03/2005