


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2007 08:00 AM
Secretary of State


DOCUMENT # N26886

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



Principal Place of Business 900 BRANDYWINE ROAD WEST PALM BEACH, FL 33409-2003 US	Mailing Address 900 BRANDYWINE ROAD WEST PALM BEACH, FL 33409-2003 US
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02082007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-0803200	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MCENTIRE, W. DAVID
 900 BRANDYWINE RD
 WEST PALM BEACH, FL 33409**

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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 *W. David McEntire* *W. David McEntire* *2/14/07*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

**Filing Fee is \$61.25
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD KULA, DON 900 BRANDYWINE ROAD WEST PALM BEACH, FL 33409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WAGNER, RICK 900 BRANDYWINE ROAD WEST PALM BEACH, FL 33409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRAND, KAY 900 BRANDYWINE ROAD WEST PALM BEACH, FL 33409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KITE, ART 900 BRANDYWINE ROAD WEST PALM BEACH, FL 33409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 03/01/07-80013-028 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Rick Wagner* *RICK WAGNER* *2/14/07* *561/248/7066*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #