

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49733

FILED
Apr 20, 2007
Secretary of State

Entity Name: NORTHWOOD METHODIST CHURCH OF WEST PALM BEACH, INC.

Current Principal Place of Business:

4015 SPRUCE AVENUE
WEST PALM BEACH, FL 33407

New Principal Place of Business:

Current Mailing Address:

4015 SPRUCE AVENUE
WEST PALM BEACH, FL 33407

New Mailing Address:

FEI Number: 59-6138417

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARRISH, BRUCE W., JR.
105 S. NARCISSUS AVENUE
SUITE 701
WEST PALM BEACH, FL 33401 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: P () Delete
Name: LASSITER, DONALD
Address: 2038 PINEHURST DRIVE
City-St-Zip: W. PALM BEACH, FL 33407

Title: T () Delete
Name: O'ROURKE, VIRGINIA
Address: 521 28TH STREET
City-St-Zip: W PALM BCH, FL 33407

Title: T () Delete
Name: DAVID FOLEY,
Address: 1507 39TH ST
City-St-Zip: W PALM BEACH, FL

Title: T () Delete
Name: GREGORY, RHOELLEN
Address: 5011 N FLAGLER DRIVE
City-St-Zip: WEST PALM BEACH, FL 33407

Title: M () Delete
Name: R. PAULINE PARENT,
Address: 5011 N FLAGLER DRIVE
City-St-Zip: WEST PALM BEACH, FL 33407

Title: T () Delete
Name: MOLLINEAUX, PATRICIA
Address: 515 46TH STREET
City-St-Zip: W PALM BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DUVELSAINT, JOHNATHAN
Address: 3907 CLASSIC COURT
City-St-Zip: W. PALM BEACH, FL 33417

Title: T (X) Change () Addition
Name: MOLLINEAUX, PATRICIA
Address: 515 46TH STREET
City-St-Zip: W PALM BCH, FL 33407

Title: T (X) Change () Addition
Name: FOLEY, DAVID
Address: 1507 39TH ST
City-St-Zip: W PALM BEACH, FL 33407

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

Title: M (X) Change () Addition
Name: PARENT, RITA P
Address: 5011 N FLAGLER DRIVE
City-St-Zip: WEST PALM BEACH, FL 33407

Title: T (X) Change () Addition
Name: STLOUIS, MONIQUE
Address: 14121 85TH STREET NORTH
City-St-Zip: LOXAHATCHEE, FL 33470

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: RITA P. PARENT

M

04/20/2007

Electronic Signature of Signing Officer or Director

Date