


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2008 8:00 am
Secretary of State

07-23-2008 90016 020 ****70.00

DOCUMENT # N49733 1. Entity Name NORTHWOOD METHODIST CHURCH OF WEST PALM BEACH, INC.					
Principal Place of Business 4015 SPRUCE AVENUE WEST PALM BEACH, FL 33407			Mailing Address 4015 SPRUCE AVENUE WEST PALM BEACH, FL 33407		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-6138417	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PARRISH, BRUCE W., JR. 105 S. NARCISSUS AVENUE SUITE 701 WEST PALM BEACH, FL 33401				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUVELSAINT, JOHNATHAN		NAME	Fadous, Gesnel	
STREET ADDRESS	3907 CLASSIC COURT		STREET ADDRESS	4422 Lake Tahoe Circle	
CITY-ST-ZIP	W. PALM BEACH, FL 33417		CITY-ST-ZIP	West Palm Bch, FL 33409	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOLLINEAUX, PATRICIA		NAME	Eniver, Metuschelah	
STREET ADDRESS	515 46TH STREET		STREET ADDRESS	1009 N. Australian Avenue	
CITY-ST-ZIP	W PALM BCH, FL 33407		CITY-ST-ZIP	West. Palm Bch, FL 33401	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOLEY, DAVID		NAME	Dimanche, Renette	
STREET ADDRESS	1507 39TH ST		STREET ADDRESS	1615 39th Street	
CITY-ST-ZIP	W PALM BEACH, FL 33407		CITY-ST-ZIP	West Palm Bch, FL 33407	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREGORY, RHOELLEN		NAME	Alexandre, Westline	
STREET ADDRESS	5011 N FLAGLER DRIVE		STREET ADDRESS	4858 Classic Drive	
CITY-ST-ZIP	WEST PALM BEACH, FL 33407		CITY-ST-ZIP	West Palm Bch, FL 33417	
TITLE	M	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PARENT, RITA P		NAME		
STREET ADDRESS	5011 N FLAGLER DRIVE		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33407		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STLOUIS, MONIQUE		NAME		
STREET ADDRESS	14121 85TH STREET NORTH		STREET ADDRESS		
CITY-ST-ZIP	LOXAHATCHEE, FL 33470		CITY-ST-ZIP		
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: <i>Rita P. Parent</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			7-16-08 <small>Date</small>		(561) 842-9703 <small>Daytime Phone #</small>