

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49733

FILED  
Jul 02, 2009  
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 (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**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: FADEUS, GESNEL  
Address: 442 LAKE TAHOE CIRCLE  
City-St-Zip: WEST PALM BEACH, FL 33409

Title: T      ( ) Delete  
Name: ENIVER, METUSCHELAH  
Address: 1009 N. AUSTRALIAN AVENUE  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: T      ( ) Delete  
Name: DIMANCHE, RENETTE  
Address: 1615 39TH STREET  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: T      ( ) Delete  
Name: ALEXANDRE, WESLINE  
Address: 4858 CLASSIC DRIVE  
City-St-Zip: WEST PALM BEACH, FL 33417

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

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

**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:

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 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: MONIQUE ST. LOUIS

CHAI

07/02/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date