

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000003352 (8)**

1. Corporation Name

THE WEST PALM BEACH DISTRICT TRUSTEES, FLORIDA CONFERENCE OF THE UNITED METHODIST CHURCH, INC.



Principal Place of Business 2935 WASHINGTON RD WEST PALM BEACH FL 33405	Mailing Address 2935 WASHINGTON RD WEST PALM BEACH FL 33405
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3. Date Incorporated or Qualified

06/10/1997

4. FEI Number

☒ Applied For

☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TAYLOR, KENDALL M
2935 WASHINGTON RD
WEST PALM BEACH FL 33405**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
<input type="checkbox"/> DELETE	D HAND, DOLLY P O BOX 572 N/A BELLE GLADE FL 33430	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE	D JONES, RALPH 22339 GREENTREE CIR BOCA RATON FL 33433	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE	D ROUGHTON, KEN 625 NE MIZNER BLVD BOCA RATON FL 33432	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input checked="" type="checkbox"/> DELETE	D JOHNSON, M. RAY 232 NE 18TH AVE POMPANO BEACH FL 33060	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	D HUGH E. ROOT 3165 NE 48 CT. #111 LIGHTHOUSE POINT, FL 33064
<input type="checkbox"/> DELETE	D LEVERON, JACQUIE 1100 N ANDREWS AVE FT LAUDERDALE FL 33311	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE	D UNWIN, JANICE 8907 50TH AVE N PALM BEACH GARDENS FL 33418	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

HUGH E. ROOT **REQUIREDE. Root, Chairman 4/6/98 (954) 938-8800**

CR2E037 (10/97)