

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 700302 (3)
1. Corporation Name
THE NEW CHURCH AT BOYNTON BEACH INC.



Principal Place of Business Mailing Address
**10621 EL CLAIR RANCH RD
BOYNTON BCH FL 33437-4203
US** **10621 EL CLAIR RANCH RD
~~BOYNTON BCH FL~~
BOYNTON BCH FL 33437-4203
US**

3. Date Incorporated or Qualified **12/23/1959** 3a. Date of Last Report **03/13/1995**
4. FEI Number **06-0116907** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ELPHICK, DEREK P REV.
10621 EL CLAIR RANCH RD.
BOYNTON BEACH FL 33437**

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]* **BRUCE GENZLINGER, TD** 1/18/96
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | |
|----------------|--|
| TITLE | CD <input type="checkbox"/> DELETE |
| NAME | ELPHICK, DEREK P REV. |
| STREET ADDRESS | 10621 EL CLAIR RANCH RD. |
| CITY-ST-ZIP | BOYNTON BEACH FL |
| TITLE | SD <input type="checkbox"/> DELETE |
| NAME | FARRINGTON, TED C. |
| STREET ADDRESS | 2111 N 31ST AVENUE |
| CITY-ST-ZIP | HOLLYWOOD FL |
| TITLE | TD <input checked="" type="checkbox"/> DELETE |
| NAME | WILSON, L. ROBERT |
| STREET ADDRESS | 2250 BAYBERRY LANE |
| CITY-ST-ZIP | PEMBROKE PINES FL |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | BOKER, WILLIAM E. |
| STREET ADDRESS | 1537 E. HILLSBORO BLVD. |
| CITY-ST-ZIP | DEERFIELD BCH FL |
| TITLE | D <input checked="" type="checkbox"/> DELETE |
| NAME | HEINRICHS, BRADLEY D. |
| STREET ADDRESS | 10014 BOYNTON CIRCLE #235 |
| CITY-ST-ZIP | BOYNTON BCH FL |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | BARRY B. SMITH |
| STREET ADDRESS | 7476 ROCKBRIDGE CIR |
| CITY-ST-ZIP | LAKEWORTH FL 24 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|-------------------|---|
| 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | |
| 13 STREET ADDRESS | |
| 14 CITY-ST-ZIP | |
| 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | |
| 23 STREET ADDRESS | |
| 24 CITY-ST-ZIP | |
| 31 TITLE | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 32 NAME | TD GENZLINGER, BRUCE S. |
| 33 STREET ADDRESS | 6572 BROOKHORS 4 CIR |
| 34 CITY-ST-ZIP | LAKE WORTH, FL 33463 |
| 42 NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 43 STREET ADDRESS | |
| 44 CITY-ST-ZIP | |
| 51 TITLE | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 52 NAME | VD SNOOP, JOHN |
| 53 STREET ADDRESS | 1762 THE 12TH FAIRWAY |
| 54 CITY-ST-ZIP | WELLINGTON, FL 33414 |
| 62 NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 63 STREET ADDRESS | |
| 64 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, unchanged, or on an attachment with an address.

SIGNATURE: *[Signature]* **BRUCE GENZLINGER** 1/18/96 407-967-2330
Signature and typed or printed name of signing officer or director Daytime Phone #

CR2E037 (12/95)