

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 29 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 700302 (3)**

1. Corporation Name  
**THE NEW CHURCH AT BOYNTON BEACH INC.**



Principal Place of Business <b>10621 EL CLAIR RANCH RD BOYNTON BCH FL 33437-4203 US</b>	Mailing Address <b>10621 EL CLAIR RANCH RD <del>BOYNTON BCH FL</del> BOYNTON BCH FL 33437-4203 US</b>
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3. Date Incorporated or Qualified <b>12/23/1959</b>	3a. Date of Last Report <b>02/09/1996</b>
4. FEI Number <b>06-0116907</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

**9. Name and Address of Current Registered Agent**

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

**10. Name and Address of New Registered Agent**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
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	<del>CD</del>	<input type="checkbox"/> DELETE
NAME	FARRINGTON, TED C.	
STREET ADDRESS	2111 N 31ST AVENUE	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GENZLINGER, BRYCE S	
STREET ADDRESS	6572 BROOKHURST CIRCLE	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BOKER, WILLIAM E.	
STREET ADDRESS	1537 E. HILLSBORO BLVD.	
CITY-ST-ZIP	DEERFIELD BCH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SNOEP, JOHN	
STREET ADDRESS	<del>1702 THE 12TH FAIRWAY</del>	
CITY-ST-ZIP	WELLINGTON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BARRY B. SMITH	
STREET ADDRESS	7476 ROCKBRIDGE CIR	
CITY-ST-ZIP	LAKEWORTH FL	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	<b>33437-4203</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>D FARRINGTON, TED C.</b>
2.3 STREET ADDRESS	<b>321 WILSON ST, A 103</b>
2.4 CITY-ST-ZIP	<b>HOLLYWOOD FL 33019</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>BROOKHURST</b>
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	<b>33463</b>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>SD HUNTZINGER, GINNY</b>
4.3 STREET ADDRESS	<b>37033 EXUMA BAY</b>
4.4 CITY-ST-ZIP	<b>BOYNTON BEACH, FL 33436</b>
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>15835 MEADOW WOOD DRIVE</b>
5.3 STREET ADDRESS	<b>WELLINGTON, FL 33414</b>
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	<b>33467-7624</b>

14. I do 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: \_\_\_\_\_ DATE: **1/15/97** **561-967-2230**

CPE037 (9/96)