

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</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 US</b>		Mailing Address <b>10621 EL CLAIR RANCH RD BOYNTON BCH FL 33437 US</b>		3. Date Incorporated or Qualified <b>12/23/1959</b>
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		4. FEI Number <b>06-0116907</b> Applied For Not Applicable
24		25		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
24		25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
24		25		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
24		25		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>ELPHICK, DEREK P REV. 10621 EL CLAIR RANCH RD. BOYNTON BEACH FL 33437</b>				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	<b>FL</b> 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>CD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ELPHICK, DEREK P REV.</b>	1.2 NAME	
STREET ADDRESS	<b>10621 EL CLAIR RANCH RD.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOYNTON BEACH FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FARRINGTON, TED C.</b>	2.2 NAME	
STREET ADDRESS	<b>321 WILSON ST, A103</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GENZLINGER, BRYCE S</b>	3.2 NAME	<b>TD</b>
STREET ADDRESS	<b>6572 BROOKHURST CIR</b>	3.3 STREET ADDRESS	<b>Horigan, Philip C.</b>
CITY-ST-ZIP	<b>LAKE WORTH FL</b>	3.4 CITY-ST-ZIP	<b>12007 Iguana Bay Boynton Beach FL</b>
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HUNTZINGER, GINNY</b>	4.2 NAME	
STREET ADDRESS	<b>37033 3EXUMA BAY</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOYNTON BEACH FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SNOEP, JOHN</b>	5.2 NAME	<b>D</b>
STREET ADDRESS	<b>15835 MEADOW WOOD DR</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WELLINGTON FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BARRY B. SMITH</b>	6.2 NAME	<b>D</b>
STREET ADDRESS	<b>7476 ROCKBRIDGE CIR</b>	6.3 STREET ADDRESS	<b>Smith, Roger A.</b>
CITY-ST-ZIP	<b>LAKEWORTH FL</b>	6.4 CITY-ST-ZIP	<b>11006 Haiti Bay Boynton Beach FL</b>

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: *[Signature]* **PHILIP C. HORIZAN** 3-30-98 (561) 731-2971  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0043114

CR2E037 (10/97)