

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90043 007 ****61.25

DOCUMENT # 700302

1. Entity Name

THE NEW CHURCH AT BOYNTON BEACH INC.

Principal Place of Business

Mailing Address

10621 EL CLAIR RANCH RD
 BOYNTON BCH FL 33437

10621 EL CLAIR RANCH RD
 BOYNTON BCH FL 33437
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

06-0116907

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
CD	ELPHICK, DEREK P REV.	10621 EL CLAIR RANCH RD.	BOYNTON BEACH FL	<input type="checkbox"/>
D	CHILDS, ALAN	6711 N. OCEAN BLVD	OCEAN RIDGE FL 33435	<input type="checkbox"/>
TD	HUNTZINGER, VIRGINIA M	37003 EXUMA BAY	BOYNTON BEACH FL 33436	<input type="checkbox"/>
SD	HEINRICHS, ROBERT	5880 CORSON PL	LAKE WORTH FL 33463	<input type="checkbox"/>
SD	SMITH, PHILIP	6007 DAIQUIRI BAY	BOYNTON BEACH FL 33436	<input type="checkbox"/>
D	SMITH, ROGER A.	11006 HAITI-BAY	BOYNTON BEACH FL	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
D	Boyer, Dean	7426 Heathley DR.	Lake Worth, FL 33467	<input type="checkbox"/>	<input checked="" type="checkbox"/>

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature of Robert Heinrichs

1/31/02

561-297-2410

CR2E037 (9/01)