

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 17, 2005 8:00 am**  
**Secretary of State**

02-17-2005 90033 035 \*\*\*\*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      10621 EL CLAIR RANCH RD  
 BOYNTON BCH FL 33437      BOYNTON BCH FL 33437  
 US      US

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
 Zip      Country      Zip      Country

**Barcode**  
 1st MOORE      CR2E037 (10/04)  
 4. FEI Number      Applied For  
**75-3130201**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**ALDEN, KENNETH J REV**  
**7354 SHELL RIDGE TERRACE**  
**LAKE WORTH FL 33467-7703**

**7. Name and Address of New Registered Agent**  
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	PCD	<input type="checkbox"/> Delete
NAME	ALDEN, KENNETH J REV	
STREET ADDRESS	7354 SHELL RIDGE TERRACE	
CITY-ST-ZIP	LAKE WORTH FL 33467-7703	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CHILDS, ALAN	
STREET ADDRESS	6711 N. OCEAN BLVD	
CITY-ST-ZIP	OCEAN RIDGE FL 33435	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KARALLUS, JANET	
STREET ADDRESS	1864 MONTE CARLO WAY	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUNTZINGER, VIRGINIA M	
STREET ADDRESS	37003 EXUMA BAY	
CITY-ST-ZIP	BOYNTON BEACH FL 33436-1982	
TITLE	I	<input type="checkbox"/> Delete
NAME	HENDERSON, THELMA	
STREET ADDRESS	10020 GRENADA BAY	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE	DS	<input type="checkbox"/> Delete
NAME	GRANT, AUDREY	
STREET ADDRESS	39019 GAYLE BAY	
CITY-ST-ZIP	BOYNTON BEACH FL 33436-1955	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEAN Boyce	
STREET ADDRESS	7420 Heathley Dr.	
CITY-ST-ZIP	Lake Worth, Fl. 33467	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GALE ARNOUX	
STREET ADDRESS	2727 Cranbrook Dr.	
CITY-ST-ZIP	Boynton Beach, Fl. 33436	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bob HEINRICH	
STREET ADDRESS	5880 Conson Pl.	
CITY-ST-ZIP	Lake Worth, Fl. 33463	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTIN Klein	
STREET ADDRESS	5494 Bonta Isles Dr.	
CITY-ST-ZIP	Lake Worth, Fl. 33467	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mike Kloc	
STREET ADDRESS	12018 Squara Bay	
CITY-ST-ZIP	Boynton Beach, Fl. 33436	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SONSA SNOEP	
STREET ADDRESS	2326 Cranbrook Dr.	
CITY-ST-ZIP	Boynton Beach, Fl. 33436	

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: Audrey Grant (AUDREY GRANT) SECRETARY      Date: 2/14/05      Daytime Phone: 561-752-5228