

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 8:00 am
Secretary of State

0035561

DOCUMENT # 730525

1. Entity Name

BOCA RATON CHURCH OF CHRIST, INC.

04-12-2001 90049 027 ****61.25

Principal Place of Business

701 NE 8TH STREET
 POMPANO BEACH FL 33060-6242

Mailing Address

701 NE 8TH STREET
 POMPANO BEACH FL 33060-6242



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1940071

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

WELSH (RAYMOND B.)
701 NE 8TH STREET
POMPANO BEACH FL 33060

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.

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

TITLE NAME	PD WELSH, RAYMOND B.	<input type="checkbox"/> Delete
STREET ADDRESS	701 N.E. 8TH STREET	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE NAME	SD GLAUS, H	<input type="checkbox"/> Delete
STREET ADDRESS	432 MUIRFIELD DR	
CITY-ST-ZIP	ATLANTIS, FL 00000	
TITLE NAME	TD FARRINGTON, RICK	<input type="checkbox"/> Delete
STREET ADDRESS	475 N.E. 3RD AVENUE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE NAME	D ADAIR, WELDON	<input type="checkbox"/> Delete
STREET ADDRESS	5373 CEDAR LAKE ROAD	
CITY-ST-ZIP	BOYTON BEACH FL	
TITLE NAME	VD PARKS, DON	<input type="checkbox"/> Delete
STREET ADDRESS	2325 SW 11TH ST	
CITY-ST-ZIP	BOYNTON BCH FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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:

Raymond B. Welsh
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/01

Date

954-941-7285

Daytime Phone #

CR2E037 (10/00)