

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2002 8:00 am
Secretary of State

03-03-2002 90094 040 ****61.25

0018786

DOCUMENT # 730525

1. Entity Name

BOCA RATON CHURCH OF CHRIST, INC.

Principal Place of Business

Mailing Address

**701 NE 8TH STREET
 POMPANO BEACH FL 33060-6242**

**701 NE 8TH STREET
 POMPANO BEACH FL 33060-6242**

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

59-1940071

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

745610



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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* **RAYMOND B. WELSH**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: **2/18/02** Daytime Phone #: **305-941-7285**

CR2E037 (9/01)