

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 700302

**FILED**  
**Mar 16, 2017**  
**Secretary of State**  
**CC0443874831**

**Entity Name:** THE NEW CHURCH AT BOYNTON BEACH INC.

**Current Principal Place of Business:**

10621 EL CLAIR RANCH RD  
BOYNTON BEACH, FL 33437-4203

**Current Mailing Address:**

10621 EL CLAIR RANCH RD  
BOYNTON BEACH, FL 33437-4203 US

**FEI Number:** 75-3130201

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

COWLEY, ALAN M REV  
103 HALF MOON CIR.  
F2  
HYPOLUXO , FL 33462 US

*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:** ALAN M. COWLEY

03/16/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title TRUSTEE, VC  
Name BOYCE, DEAN R  
Address 1 HARBOURSIDE DRIVE, 1606  
City-State-Zip: DELRAY BEACH FL 33483

Title TRUSTEE, CHAIRMAN, PASTOR  
Name COWLEY, ALAN M REV  
Address 103 HALF MOON CIR.  
F2  
City-State-Zip: HYPOLUXO FL 33462

Title TRUSTEE, SECRETARY  
Name HEINRICHS, ROBERT D  
Address 5880 CORSON PLACE  
City-State-Zip: LAKE WORTH FL 33463-1547

Title TRUSTEE  
Name BRAUN, MARGARET G  
Address 1125 NW 19TH TERRACE  
City-State-Zip: DELRAY BEACH FL 33445

Title TRUSTEE, TREASURER  
Name HENDERSON, THELMA P  
Address 10020 GRANADA BAY  
City-State-Zip: BOYNTON BEACH FL 33436-2221

Title TRUSTEE  
Name KAUFMAN, LAURENCE H  
Address 12068 APRILIA DRIVE  
City-State-Zip: BOYNTON BEACH FL 33437

Title TRUSTEE  
Name DRISTY, FORREST E  
Address 6119 CALADIUM ROAD  
City-State-Zip: DELRAY BEACH FL 33484-4640

Title TRUSTEE  
Name JOHN, BOERICKE J  
Address 6001 DAIQUIRI BAY  
City-State-Zip: BOYNTON BEACH FL 33436

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ALAN M. COWLEY

REV.

03/16/2017

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title TRUSTEE  
Name BRICKMAN, ROBERT  
Address 555 SE 6TH AVE  
3D  
City-State-Zip: DELRAY BEACH FL 33483

Title TRUSTEE  
Name WILSON, LESLIE R  
Address 2250 BAYBERRY DRIVE  
City-State-Zip: PEMBROKE PINES FL 33024-3004