

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

**95 APR 14 AM 10:00**

**CORPORATION**  
**ANNUAL REPORT**  
**1995**



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Morham  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 703490 (3)**

**1. Corporation Name**  
**POMPANO BEACH FIRST METHODIST CHURCH QUARTERLY CONFERENCE CORPORATION**

**Principal Place of Business**      **Mailing Address**  
**210 N.E. 3RD STREET**      **210 N.E. 3RD STREET**  
**POMPANO BEACH FL 33060-3651**      **POMPANO BEACH FL 33060-3651**

DO NOT WRITE IN THIS SPACE

**3. Date Incorporated or Qualified**      **3a. Date of Last Report**  
**01/22/1962**      **04/04/1994**

**4. FEI Number**      **Applied For**  
**59-0718496**       **Not Applicable**

**2. Principal Place of Business**      **2a. Mailing Address**  
**21**      **26**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

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

**22**      **27**  
 City & State      City & State

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

**23**      **28**  
 Zip      Country      Zip      Country

**7. Nonprofit with IRS 501(c)(3) Tax Exempt Status**       **\$38.75 Supplemental Fee Not Required**

**24**      **25**      **29**      **30**  
 Zip      Country      Zip      Country

**8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes**       Yes       No

**9. Name and Address of Current Registered Agent**  
**WILLIAMS, JAMES M**  
**1701 E. ATLANTIC BLVD.**  
**SUITE 4**  
**POMPANO BEACH FL 33060**

**10. Name and Address of New Registered Agent**  
**81 Name**  
**82 Street Address (P.O. Box Number is Not Acceptable)**  
**83**  
**84 City**      **FL 85**      **Zip Code**

**11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.**

**SIGNATURE**      Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reappointing)      DATE

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

**TITLE**      **D & S-T**  
**NAME**      **MCKINNON, MINA**  
**STREET ADDRESS**      **948 NE 25 AVE**  
**CITY-ST-ZIP**      **POMPANO BEACH FL**

**1.1 TITLE**       Change       Addition  
**12 NAME**  
**13 STREET ADDRESS**  
**14 CITY-ST-ZIP**

**TITLE**      **65**  
**NAME**      **WILLIAMS, JAMES M**  
**STREET ADDRESS**      **1701 E ATLANTIC BLVD, SUITE 4**  
**CITY-ST-ZIP**      **POMPANO BEACH FL 33060**

**2.1 TITLE**       Change       Addition  
**2.2 NAME**  
**2.3 STREET ADDRESS**  
**2.4 CITY-ST-ZIP**

**TITLE**      **8**  
**NAME**      **BOLKER, ROYD**  
**STREET ADDRESS**      **721 N.E. 8th St**  
**CITY-ST-ZIP**      **POMPANO BEACH FL**

**3.1 TITLE**       Change       Addition  
**3.2 NAME**  
**3.3 STREET ADDRESS**  
**3.4 CITY-ST-ZIP**

**TITLE**      **D**  
**NAME**      **SMITH, ED**  
**STREET ADDRESS**      **P O BOX 70114 N/A**  
**CITY-ST-ZIP**      **OAKLAND FL**

**4.1 TITLE**       Change       Addition  
**4.2 NAME**  
**4.3 STREET ADDRESS**  
**4.4 CITY-ST-ZIP**

**TITLE**      **C & D**  
**NAME**      **KENNETH ARNOLD**  
**STREET ADDRESS**      **721 N.E. 8th Street**  
**CITY-ST-ZIP**      **Pompano Beach, FL 33060**

**5.1 TITLE**       Change       Addition  
**5.2 NAME**  
**5.3 STREET ADDRESS**  
**5.4 CITY-ST-ZIP**

**TITLE**      **D & VC**  
**NAME**      **THOMAS R. CURRAN**  
**STREET ADDRESS**      **603 N.E. 9th Avenue**  
**CITY-ST-ZIP**      **Pompano Beach, FL 33060**

**6.1 TITLE**       Change       Addition  
**6.2 NAME**  
**6.3 STREET ADDRESS**  
**6.4 CITY-ST-ZIP**

**14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 treasurer or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an alternate agent with an address.**

**SIGNATURE:** *Kenneth Arnold*  
SIGNATURE AND TYPED OR PRINTED NAME OF NOMINEE OFFICER OR DIRECTOR  
**Kenneth Arnold, Chairman**

**April 10, 1995**      **305/786-1098**  
Date      Daytime Phone #