

6-11 98 B 7941 C
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Jun 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **703490** (3)

1. Corporation Name

**POMPANO BEACH FIRST METHODIST CHURCH QUARTERLY C
ONFERENCE CORPORATION**



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

3. Date Incorporated or Qualified

01/22/1962

4. FEI Number

59-0718496

Applied For

Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	30 Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WILLIAMS, JAMES M
1701 E. ATLANTIC BLVD.
SUITE 4
POMPANO BEACH FL 33060**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DST	1.1 TITLE	DST
NAME	MCNAB, BETTY JEAN	1.2 NAME	SANDRA LEE
STREET ADDRESS	221 NE 18TH AVE	1.3 STREET ADDRESS	311 N.W. 42ND CT. # 206
CITY-ST-ZIP	POMPANO BEACH FL	1.4 CITY-ST-ZIP	POMPANO BEACH, FL 33064
TITLE	CD	2.1 TITLE	DVC
NAME	ARNOLD, KENNETH	2.2 NAME	RICHARD O'DONNELL
STREET ADDRESS	721 N.E. 8TH STERREET	2.3 STREET ADDRESS	342 S.W. 33RD AVENUE
CITY-ST-ZIP	POMPANO BEACH FL	2.4 CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	DVC	3.1 TITLE	CD GOATER, JOSEPH
NAME	GOATER, JOSEPH	3.2 NAME	4750 N. E. 2ND AVE.
STREET ADDRESS	4750 NE 2ND AVE	3.3 STREET ADDRESS	FT. LAUDERDALE, FL 33334
CITY-ST-ZIP	FT LAUDERDALE FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	D JOHNSON, OSCAR
NAME	GRANT, KEITH	4.2 NAME	611 N.E. 2ND ST.
STREET ADDRESS	916 SE 14TH CT	4.3 STREET ADDRESS	POMPANO BEACH, FL 33060
CITY-ST-ZIP	DEERFIELD BCH FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	D KIMMEY, WES
NAME		5.2 NAME	1921 N.E. 28TH TERR
STREET ADDRESS		5.3 STREET ADDRESS	POMPANO BEACH FL 33063
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	D ENGLE STEVE
NAME		6.2 NAME	436 N.E. 2ND ST
STREET ADDRESS		6.3 STREET ADDRESS	POMPANO BEACH FL 33060
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 receiver 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 in an attachment with an address.

SIGNATURE:

[Signature]

CD 6/8/98 (954) 943-2444

CR2E037 (10/97)