1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 703490

1. Corporation Name

POMPANO BEACH FIRST METHODIST CHURCH QUARTERLY C ONFERENCE CORPORATION

Principal Place of Business								
210 N.E. 3RD STREET								
DOMBANO DEACH EL 22000 2001								

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

210 N.E. 3RD STREET

POMPANO BEACH FL 33060-3651

FILED Mar 05, 1999 8:00 am § Secretary of State

03-05-1999 90058 044 ****61.25

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3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

01/22/1962

59-0718496

4. FEI Number

Zip	Country	Zip	Country		6. Election Cam	paign Financing		\$5.00 N	•	
24	25	29 3	0		Trust Fund C			Added to	Fees	
Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent						
			81	Name						
WILLIAMS, JAMES M			82	82 Street Address (P.O. Box Number is Not Acceptable)						
1701 E. ATLANTIC BLVD.										
SUITE 4			83	83						
	BEACH FL 33060		84	City	· · · · · · · · · · · · · · · · · · ·	······································		85 Zip Co	ode	
	,			'	:	•	<u> FL</u>			
11. Pursuant	to the provisions of Sections 617.0502 a	ind 617.1508, Florida Statutes	the above	e-named	corporation submits this	statement for the	purpose of	changing its re	egistered	
office or r	registered agent, or both, in the State of m familiar with, and accept the obligation	Florida⊢Such change was auti ns o£ Section 617.0503. Florid	orized by a Statutes	the corpo	oration's board of director	s. I fiereby accep	ארונום appoir יים	isijeni as legi	Sicieo	
	Mr. C. W	the					2	123/9	9	
SIGNATURE	Signature, typed or printed name of legisteled agent a	nd title if applicable. (NOTE: R	egistered Ager	nt signature r	equired when reinstating)		DATE		/	
12.	OFFICERS AND		13.	18:	ADDITIONS/C	HANGES TO OF	FICERS AN			
TITLE (DS7	☐ DELETE	1.1 TITLE					Change	Addition	
NAME	LEE, SANDRA		1.2 NAME				•	•		
STREET ADDRESS	311 NW 42ND CT, #206		1.3 STREE	TADORESS		* .	,			
CITY-ST-ZIP	POMPANO BEACH FL 33064		1.4 CITY-S	T-ZIP						
TITLE	DVC	☐ DELET E	2.1 TITLE		C/D			Change	Addition	
NAME	O'DONNELL, RICHARD		2.2 NAME		O'Donnell, R	ichard				
STREET ADDRESS	342 SW 33RD AVE		2.3 STREE	TADDRESS	342 SW 33rd		.ء ــــــ	· - ·	 .	
CITY-ST-ZIP	DEERFIELD BCH FL 33442		2. 4 CITY-5	ST-ZIP	Deerfield Re		33442			
TITLE	CD	K DELETE	3.1 TITLE		VC/D	,		Change	X Addition	
NAME	GOATER, JOSEPH		3.2 NAME		Stewart, Jac 5790 SW 5 St	k				
STREET ADDRESS	4750 NE 2ND AVE		3.3 STREE	T ADDRESS			-		•	
CITY-ST-ZIP	FT LAUDERDALE FL		3.4. CITY-5	ST-ZIP	Plantation,	FL 33317	/			
TITLE	D	□ DELETE	4.1 TITLE		D			Change	Addition	
NAME	GRANT, KEITH		4. 2 NAME		Barr, Jerry					
STREET ADDRESS	916 SE 14TH CT		4.3 STREE	TADDRESS	211 SW 17 St	reet				
C/TY-ST-ZIP	DEERFIELD BCH FL		4.4 CITY-S	T-ZIP	Pompano Beac	h, FL 33	3060			
TITLE	D	☐ DELETE	5.1 TITLE					Change	Addition	
NAME	JOHNSON, OSCAR		5.2 NAME					•		
STREET ADDRESS	ALL NE OND OT		5.3 STREE	TADDRESS						
CITY-ST-ZIP	POMPANO BCH FL 33062		5.4 CITY-S	T-ZIP		,			t	
TITLE	D	☐ DELETE	6.1 TITLE		• ,			Change	Addition	
NAME	ENGLE, STEVE		6.2 NAME			•				
STREET ADDRESS	AAAA AIS AND OT		6.3 STREE	T ADDRESS		•		•		
CITY-ST-ZIP	POMPANO BCH FL 33060		6.4 CITY-S	T-ZIP					-	
14. I hereby	certify that the information supplied with	this filing does not qualify for the	ne exempt	ion stated	in Section 119.07(3)(i),	Florida Statutes.	I further cer	tify that the int	formation	

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-25-99 954-843 0808

Daytime Phone i

(11/98)

Applied For

\$8.75 Additional

Fee Required

Not Applicable