


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 10, 2005 08:00 AM
Secretary of State

DOCUMENT # 703490 1. Entity Name FIRST UNITED METHODIST CHURCH OF POMPANO BEACH, INC.	
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Principal Place of Business 210 N.E. 3RD STREET POMPANO BEACH FL 33060-3651	Mailing Address 210 N.E. 3RD STREET POMPANO BEACH FL 33060-3651
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2. Principal Place of Business Suite, Apt #, etc.	3. Mailing Address Suite, Apt #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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1st MOORE CR2E037 (10/04)

4. FEI Number 59-0718496	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MULCAHEY, MARGIE 210 NE 3 ST POMPANO BEACH FL 33060-6651	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Margie Mulcahey DATE 8/3/05

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 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VCD ALLEN, SCOTT	<input type="checkbox"/> Delete	
STREET ADDRESS	405 NE 5TH AVE		
CITY- ST- ZIP	POMPANO BEACH FL 33060		
TITLE	D TAYLOR, MARK	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	10 SE 15 AVENUE		
CITY- ST- ZIP	POMPANO BEACH FL 33060		
TITLE	VCD GOFF, PATTY	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3847 CARAMBOLA CIRCLE N		
CITY- ST- ZIP	COCONUT CK FL 33066		
TITLE	D BENEDICT, BILL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	271 SW 11 ST		
CITY- ST- ZIP	BOCA RATON FL		
TITLE	D PORTCH, PAULA	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	9153 SW 1 PL		
CITY- ST- ZIP	BOCA RATON FL		
TITLE	P ENGLE, STEVE	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	436 NE 2 ST		
CITY- ST- ZIP	POMPANO BCH FL 33060		

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: Margie Mulcahey DATE 8/3/05 954 943-0404

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #