

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 705659

(1)

95 FEB -9 AM 11:21

1. Corporation Name
FIRST METHODIST CHURCH OF BOYNTON BEACH, FLORIDA, INC.

Principal Place of Business
101 NORTH SEACREST BOULEVARD
BOYNTON BEACH FL 33435

Mailing Address
101 NORTH SEACREST BOULEVARD
BOYNTON BEACH FL 33435

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/27/1963	3a. Date of Last Report 03/16/1994
4. FEI Number 59-1002202	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	29 Zip
25 Country	30 Country

9. Name and Address of Current Registered Agent LEHMANN, WALTER 2088 SW 13TH TERR BOYNTON BCH FL 33426				10. Name and Address of New Registered Agent			
81 Name	LYNCH, DAVID			85 Zip Code	33435		
82 Street Address (P.O. Box Number is Not Acceptable)	541 SE 28th Cir. #744						
83							
84 City	BOYNTON BEACH		FL				

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: David Lynch, Chairperson, Board of Trustees 01-22-95
Signature, typed or printed name of registered agent and date applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	C/D
NAME	LYNCH, DAVID	1.2 NAME	Lynch, David <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	541 SE 28TH CIR, #744	1.3 STREET ADDRESS	541 SE 28th Cir. #744
CITY-ST-ZIP	BOYNTON BEACH FL	1.4 CITY-ST-ZIP	Boynton Beach, FL 33435
TITLE	D	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCARTY, RAY	2.2 NAME	Apple, Mel
STREET ADDRESS	38011 BRON BAY	2.3 STREET ADDRESS	1906 SW 13th Terrace
CITY-ST-ZIP	BOYNTON BCH FL	2.4 CITY-ST-ZIP	Boynton Beach, FL 33426
TITLE	C	3.1 TITLE	D/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEHMANN, WALTER	3.2 NAME	Bev Haren
STREET ADDRESS	2088 SW 13TH TERR.	3.3 STREET ADDRESS	660 Horizons West, # 208
CITY-ST-ZIP	BOYNTON BEACH FL	3.4 CITY-ST-ZIP	Boynton Beach, FL 33435
TITLE	D	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GEEKIE, JAMES	4.2 NAME	Rosynek, Frank
STREET ADDRESS	908 SUN RAY CT	4.3 STREET ADDRESS	2041 SW 15th Ave. # H203
CITY-ST-ZIP	BOYNTON BCH FL	4.4 CITY-ST-ZIP	Boynton Beach, FL 33426
TITLE	D	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOSS, JOAN	5.2 NAME	Marie Shepard
STREET ADDRESS	1509 SW 22ND ST	5.3 STREET ADDRESS	140 West Ocean Ave.
CITY-ST-ZIP	BOYNTON BEACH FL	5.4 CITY-ST-ZIP	Boynton Beach, FL 33435
TITLE	D	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TRESCHER, BETH	6.2 NAME	Auten, Howard
STREET ADDRESS	12 SEAFORD PLACE	6.3 STREET ADDRESS	4410 Royal Manor Blvd.
CITY-ST-ZIP	LANTANA FL	6.4 CITY-ST-ZIP	Boynton Beach, FL 33436

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)(k), 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 appointed 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 if availability with an address.

SIGNATURE: David Lynch 01/22/95 (407) 732-3435
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Mailing Phone #)