

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 705659 (1)**

1. Corporation Name

**FIRST METHODIST CHURCH OF BOYNTON BEACH, FLORIDA, INC.**



Principal Place of Business

Mailing Address

**101 NORTH SEACREST BOULEVARD  
BOYNTON BEACH FL 33435**

**101 NORTH SEACREST BOULEVARD  
BOYNTON BEACH FL 33435**

3. Date Incorporated or Qualified

**05/27/1963**

3a. Date of Last Report

**02/09/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LYNCH, DAVID  
541 SE 28TH CIR. #744  
BOYNTON BEACH FL 33435**

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.

**David Lynch, Chairman, Board of Trustees**

**01/24/96**

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	<b>CD</b>	<input type="checkbox"/> DELETE
NAME	<b>LYNCH, DAVID</b>	
STREET ADDRESS	<b>541 SE 28TH CIR, #744</b>	
CITY - ST - ZIP	<b>BOYNTON BEACH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>APPLE, MEL</b>	
STREET ADDRESS	<b>1906 SW 13TH TERRACE</b>	
CITY - ST - ZIP	<b>BOYNTON BEACH FL</b>	
TITLE	<b>C</b>	<input type="checkbox"/> DELETE
NAME	<b>LEHMANN, WALTER</b>	
STREET ADDRESS	<b>2088 SW 13TH TERR.</b>	
CITY - ST - ZIP	<b>BOYNTON BEACH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>GEEKIE, JAMES</b>	
STREET ADDRESS	<b>908 SUN RAY CT</b>	
CITY - ST - ZIP	<b>BOYNTON BCH FL</b>	
TITLE	<b>D/S</b>	<input type="checkbox"/> DELETE
NAME	<b>MOSS, JOAN</b>	
STREET ADDRESS	<b>1509 SW 22ND ST</b>	
CITY - ST - ZIP	<b>BOYNTON BEACH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>AUTEN, HOWARD</b>	
STREET ADDRESS	<b>4410 ROYAL MANOR BLVD.</b>	
CITY - ST - ZIP	<b>BOYNTON BEACH FL</b>	

1.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Frank Rosynek</b>	
1.3 STREET ADDRESS	<b>2041 SW 15th Ave.</b>	
1.4 CITY - ST - ZIP	<b>Boynton Beach, FL 33426</b>	
2.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Marie Shepard</b>	
2.3 STREET ADDRESS	<b>140 West Ocean Ave.</b>	
2.4 CITY - ST - ZIP	<b>Boynton Beach, FL 33435</b>	
3.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Betty Davis</b>	
3.3 STREET ADDRESS	<b>2802 SW 6th St.</b>	
3.4 CITY - ST - ZIP	<b>Boynton Beach, FL 33435</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 119.07(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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**David Lynch** 01/24/96

Date

(407) 732-3435

Daytime Phone #

CR2E037 (12/95)