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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 705659

1. Corporation Name  
FIRST UNITED 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



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 05/27/1963
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-1002202
22 City & State	27 City & State	Applied For Not Applicable
23 Zip	28 Zip	5. Certificate of Status Desired <b>XX</b> \$8.75 Additional Fee Required
24 Country	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent LYNCH, DAVID 541 SE 28TH CIR. #744 BOYNTON BEACH FL 33435	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City
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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 David Lynch, Chairman January 27, 1999  
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 NAME STREET ADDRESS CITY-ST-ZIP	CD LYNCH, DAVID 541 SE 28TH CIR, #744 BOYNTON BEACH FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Vice Chairman MENDELSON, JACK 1703 S.W. 18th STREET BOYNTON BEACH FL 33426 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRD SHEPARO, MARIE 140 W OCEAN AVE BOYNTON BEACH FL 33435 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	TRUSTEE SHEPARD, MARIE 140 W OCEAN AVE BOYNTON BEACH FL 33435 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRD ROSYNEK, FRANK 2041 S.W. 15TH AVENUE BOYNTON BEACH FL 33426 <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	TRUSTEE TREASURER EDWARDS, BRIAN 629 N.E. 9th AVE BOYNTON BEACH FL 33435 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEEKIE, JAMES 908 SUN RAY CT BOYNTON BCH FL <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	TRUSTEE MORRIS, SANDRA 724 NW 7th COURT BOYNTON BEACH FL 33426 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRD RHODS, FRED 2103 CAMPANELLI BLVD BOYNTON BEACH FL 33426 <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	TRUSTEE PIEPLow, FRANK 1711 SW 21st STREET BOYNTON BEACH FL 33426 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRS THOMAS, BETTY M 331 S.W. 11TH AVE BOYNTON BEACH FL 33426 <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	TRUSTEE DeGERE, ROBERT 1510 ALFRED DRIVE BOYNTON BEACH FL 33426 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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

SIGNATURE X *David Lynch* DAVID LYNCH, CHAIRMAN 1/27/99 (561)732-3435  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0044048

CR2E037 (11/98)