


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90046 032 ****61.25

DOCUMENT # 705659			
1. Entity 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		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

44012869



MOORE CR2E037 (11/03)

4. FEI Number 59-1002202		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HAYDEN, RALPH 1044 NW 11TH STREET BOYNTON BEACH FL 33435		Name Pleasanton, Gerry	
		Street Address (P.O. Box Number is Not Acceptable) 112 SW 3rd Avenue	
		City Boynton Beach	FL Zip Code 33435

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 Gerry Pleasanton DATE 2-18-04 X

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, 2004	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 NAME STREET ADDRESS CITY-ST-ZIP	LYNCH, DAVID 3807 PERIWINKLE LANE DELRAY BEACH FL 33483 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Schwinge, Doug 7395 High Ridge Rd. Boynton Beach FL 33426 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUS PLEASANTON, GERRY 112 SW 3RD AVENUE BOYNTON BEACH FL 33435 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T McCord, Roger 140 SE 6th Avenue Boynton Beach FL 33435 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT EDWARDS, BRIAN 629 N.E. 9TH AVE BOYNTON BEACH FL 33435 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Mendelsoh, John 1703 SW 18th St Boynton Beach FL 33426 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MORRIS, SANDRA 724 N.W. 7TH COURT BOYNTON BCH FL 33426 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Rogers, Dan 8362 Wincy Circle Boynton Beach FL 33437 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUS HAYDEN, RALPH 1044 NW 11TH STREET BOYNTON BEACH FL 33435 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Metcalf, Herb 2015 SW 17th Avenue Boynton Beach FL 33426 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUS THOMAS, BETTY 331 SW 11TH AVENUE BOYNTON BEACH FL 33435 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Gerry Pleasanton Gerry Pleasanton DATE 2-18-04 DAYTIME PHONE # 561-732-2254

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