

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

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90066 035 ****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

4. FEI Number

59-1002202

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PLEASANTON, GERRY
112 SW 3RD AVENUE
BOYNTON BEACH FL 33435**

Name

Daniel Rogers

Street Address (P.O. Box Number is Not Acceptable)

8362 Windy Cir

City

Boynton Beach

FL

Zip Code
33437

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

[Signature]

DANIEL C. ROGERS

(NOTE: Registered Agent signature required when reinstating)

1/26/05

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | T LYNCH, DAVID 3807 PERIWINKLE LANE DELRAY BEACH FL 33483 | <input type="checkbox"/> Delete |
| 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 SCHWINGE, DOUG 7395 HIGH RIDGE RD. BOYNTON BEACH FL 33426 | <input type="checkbox"/> Delete |
| 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 METCALF, HERB 2015 SW 17TH AVENUE BOYNTON BEACH FL 33426 | <input type="checkbox"/> Delete |
| 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 | 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 | T Mendelsohn, John 1703 SW 18th Street Boynton Beach FL 33426 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | T Rogers, Dan 8362 Windy Circle Boynton Beach FL 33437 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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:

[Signature]

DANIEL C. ROGERS

1/26/05

(561) 738-4747

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

50010016



1st MOORE

CR2E037 (10/04)