

**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**

**50010016**



1st MOORE CR2E037 (10/04)

2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.  
 City & State  
 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  
**PLEASANTON, GERRY**  
**112 SW 3RD AVENUE**  
**BOYNTON BEACH FL 33435**

7. Name and Address of New Registered Agent  
 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: *Daniel C. Rogers* **DANIEL C. ROGERS** DATE: **1/26/05**

**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

TITLE NAME	T LYNCH, DAVID	<input type="checkbox"/> Delete
STREET ADDRESS	3807 PERIWINKLE LANE	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE NAME	TRUS PLEASANTON, GERRY	<input type="checkbox"/> Delete
STREET ADDRESS	112 SW 3RD AVENUE	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE NAME	T SCHWINGE, DOUG	<input type="checkbox"/> Delete
STREET ADDRESS	7395 HIGH RIDGE RD.	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	
TITLE NAME	T MORRIS, SANDRA	<input type="checkbox"/> Delete
STREET ADDRESS	724 N.W. 7TH COURT	
CITY-ST-ZIP	BOYNTON BCH FL 33426	
TITLE NAME	T METCALF, HERB	<input type="checkbox"/> Delete
STREET ADDRESS	2015 SW 17TH AVENUE	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	
TITLE NAME	TRUS THOMAS, BETTY	<input type="checkbox"/> Delete
STREET ADDRESS	331 SW 11TH AVENUE	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	T McCord, Roger	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	140 SE 6th Avenue	
CITY-ST-ZIP	Boynton Beach FL 33435	
TITLE NAME	T Mendelsohn, John	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1703 SW 18th Street	
CITY-ST-ZIP	Boynton Beach FL 33426	
TITLE NAME	T Rogers, Dan	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	8362 Windy Circle	
CITY-ST-ZIP	Boynton Beach FL 33437	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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: *Daniel C. Rogers* **DANIEL C. ROGERS** DATE: **1/26/05** (561) 738-4747