

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 17, 2006 8:00 am**  
**Secretary of State**

02-17-2006 90076 045 \*\*\*\*61.25

<b>DOCUMENT # 705659</b>			
1. Entity Name <b>FIRST UNITED METHODIST CHURCH OF BOYNTON BEACH, FLORIDA, INC.</b>			
Principal Place of Business <b>101 NORTH SEACREST BOULEVARD BOYNTON BEACH FL 33435</b>		Mailing Address <b>101 NORTH SEACREST BOULEVARD BOYNTON BEACH FL 33435</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/05)

6. Name and Address of Current Registered Agent <b>ROGERS, DANIEL 8362 WINDY CIR BOYNTON BEACH FL 33437</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 <u><i>Daniel C. Rogers</i></u> <b>DANIEL C. ROGERS</b> 1/25/06 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T LYNCH, DAVID 3807 PERIWINKLE LANE DELRAY BEACH FL 33483</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Trustee McCord, Roger 140 SE 6th Avenue Boynton Beach FL 33435</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TRUS PLEASANTON, GERRY 112 SW 3RD AVENUE BOYNTON BEACH FL 33435</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Trustee Bade, Ron 9271 Sun Pointe Dr Boynton Beach FL 33437</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T SCHWINGE, DOUG 7395 HIGH RIDGE RD. BOYNTON BEACH FL 33426</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Trustee Lowe, Jim 904 SW 18th Street Boynton Beach FL 33426</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T MORRIS, SANDRA 724 N.W. 7TH COURT BOYNTON BCH FL 33426</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Trustee Parham, Virginia 8328 Waterline Dr. Apt. 101 Boynton Beach FL 33437</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T METCALF, HERB 2015 SW 17TH AVENUE BOYNTON BEACH FL 33426</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TRUS THOMAS, BETTY 331 SW 11TH AVENUE BOYNTON BEACH FL 33435</b> <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 exemptions contained in Section 119, 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** 1/25/06 (561) 738-4747