


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2008 8:00 am
Secretary of State

01-31-2008 90015 023 ****61.25

DOCUMENT # 705659
 1. Entity Name
FIRST UNITED METHODIST CHURCH OF BOYNTON BEACH, FLORIDA, INC.



Principal Place of Business Mailing Address
101 NORTH SEACREST BOULEVARD BOYNTON BEACH FL 33435



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

1st MOORE CR2E037 (10/07)
 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
ROGERS, DANIEL
8362 WINDY CIR
BOYNTON BEACH FL 33437

7. Name and Address of New Registered Agent
 Name **Roger J. McCord**
 Street Address (P.O. Box Number is Not Acceptable) **140 SE 6th 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 *Roger J. McCord* (ROGER J MCCORD) DATE **1/25/08**
Signature, type or print name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when changing)

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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	T	<input type="checkbox"/> Delete
NAME	LYNCH, DAVID	
STREET ADDRESS	3807 PERIWINKLE LANE	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	TRUS	<input type="checkbox"/> Delete
NAME	PLEASANTON, GERRY	
STREET ADDRESS	112 SW 3RD AVENUE	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	T	<input type="checkbox"/> Delete
NAME	ROGERS, DAN	
STREET ADDRESS	8362 WINDY CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	T	<input type="checkbox"/> Delete
NAME	BADE, RON	
STREET ADDRESS	9271 SUN POINTE DR	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	METCALF, HERB	
STREET ADDRESS	2015 SW 17TH AVENUE	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	
TITLE	TRUS	<input type="checkbox"/> Delete
NAME	THOMAS, BETTY	
STREET ADDRESS	331 SW 11TH AVENUE	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Al Schreiber	
STREET ADDRESS	1917 SW 19th Street	
CITY-ST-ZIP	Boynton Beach FL 33426	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jim Lowe	
STREET ADDRESS	904 SW 18th Street	
CITY-ST-ZIP	Boynton Beach FL 33426	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dean Hedges	
STREET ADDRESS	6633 Jog Palm Dv	
CITY-ST-ZIP	Boynton Beach FL 33437	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Roger J. McCord* (ROGER J MCCORD) 1/25/08 (561) 732-3435