

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705659

FILED
Jan 14, 2009
Secretary of State

Entity Name: FIRST UNITED METHODIST CHURCH OF BOYNTON BEACH, FLORIDA, INC.

Current Principal Place of Business:

101 NORTH SEACREST BOULEVARD
BOYNTON BEACH, FL 33435

New Principal Place of Business:

Current Mailing Address:

101 NORTH SEACREST BOULEVARD
BOYNTON BEACH, FL 33435

New Mailing Address:

FEI Number: 59-1002202

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCORD, ROGER J
140 SE 6TH AVE
BOYNTON BEACH, FL 33435 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: LYNCH, DAVID
Address: 3807 PERIWINKLE LANE
City-St-Zip: DELRAY BEACH, FL 33483

Title: TRUS () Delete
Name: PLEASANTON, GERRY
Address: 112 SW 3RD AVENUE
City-St-Zip: BOYNTON BEACH, FL 33435

Title: T () Delete
Name: ROGERS, DAN
Address: 8362 WINDY CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33437

Title: T () Delete
Name: BADE, RON
Address: 9271 SUN POINTE DR
City-St-Zip: BOYNTON BEACH, FL 33437

Title: T () Delete
Name: SCHREIBER, AL
Address: 1917 SW 19TH ST
City-St-Zip: BOYNTON BEACH, FL 33426

Title: TRUS () Delete
Name: THOMAS, BETTY
Address: 331 SW 11TH AVENUE
City-St-Zip: BOYNTON BEACH, FL 33435

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROGER J MCCORD

PRES

01/14/2009

Electronic Signature of Signing Officer or Director

Date