

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90114 017 ****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**

90003184



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
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

**LYNCH, DAVID
3807 PERIWINKLE LANE
DELRAY BEACH FL 33483**

Name **HAYDEN, RALPH**
Street Address (P.O. Box Number is Not Acceptable)
1044 NW 11th STREET
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 **1/12/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

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	VC	<input type="checkbox"/> Delete
NAME	MENDELSON, JACK	
STREET ADDRESS	1703 S.W. 18TH ST	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	
TITLE	TRUS	<input type="checkbox"/> Delete
NAME	PLEASANTON, GERRY	
STREET ADDRESS	112 SW 3RD AVENUE	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	TT	<input type="checkbox"/> Delete
NAME	EDWARDS, BRIAN	
STREET ADDRESS	629 N.E. 9TH AVE	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	T	<input type="checkbox"/> Delete
NAME	MORRIS, SANDRA	
STREET ADDRESS	724 N.W. 7TH COURT	
CITY-ST-ZIP	BOYNTON BCH FL 33426	
TITLE	TRUS	<input type="checkbox"/> Delete
NAME	HAYDEN, RALPH	
STREET ADDRESS	1044 NW 11TH STREET	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	TRUS	<input type="checkbox"/> Delete
NAME	THOMAS, BETTY	
STREET ADDRESS	331 SW 11TH AVENUE	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	

TITLE	Trustee	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYNCH, DAVID	
STREET ADDRESS	3807 PERIWINKLE LANE	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
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		
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 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: **1/12/03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

CR2E037 (10/02)