

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 711913

1. Entity Name

THE METHODIST CHURCH DISTRICT BOARD OF MISSIONS

Principal Place of Business

6344 BOYNTON BCH BLVD.
BOYNTON BCH FL 33437

Mailing Address

P.O. BOX 740876
BOYNTON BCH FL 33474-0876

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-0751926

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

POSGAY, RAYMOND J.
1217 EAST BROWARD BLVD.
FORT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

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
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME SPILLANE, JOHN
STREET ADDRESS 12788 W. FOREST HILL BLVD.
CITY-ST-ZIP WEST PALM BEACH FL 33414

TITLE VPD ☐ Delete
NAME DRYER, SCOTT
STREET ADDRESS 7522 BRIAR CLIFF CIRCLE
CITY-ST-ZIP LAKE WORTH FL 33467

TITLE S ☐ Delete
NAME KENNELLY, DONNA
STREET ADDRESS 2935 WASHINGTON ROAD
CITY-ST-ZIP WEST PALM BEACH FL 33405

TITLE D ☐ Delete
NAME CARTER, CLYDE
STREET ADDRESS 11260 NW 23 ST.
CITY-ST-ZIP PEMBROKE PINES FL 33026

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME S Kennelly, Donna
STREET ADDRESS 6344 Boynton Beach Blvd
CITY-ST-ZIP Boynton Beach FL 33437

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED Kennelly

Date

Daytime Phone #

1/7/00

561-339-9270

CR2E037 (9/99)