

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2000 8:00 am**  
**Secretary of State**

01-13-2000 90042 026 \*\*\*\*70.00

**DOCUMENT # 711913**

1. Entity Name

**THE METHODIST CHURCH DISTRICT BOARD OF MISSIONS**

Principal Place of Business

Mailing Address

6344 BOYNTON BCH BLVD.  
 BOYNTON BCH FL 33437

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

A0003325



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0751926

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 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 address, with all other like empowered.

SIGNATURE: *SIGNATURE REQUIRED Kennelly*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *1/7/00* Daytime Phone # *561-339-9270*

CR2E037 (9/99)