

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 06, 2001 08:00 AM****Secretary of State****DOCUMENT # 711913****1. Entity Name**

THE METHODIST CHURCH DISTRICT BOARD OF MISSIONS AND CHURCH EXTENSION OF WEST PALM BEACH DISTRICT, INC.

Principal Place of Business

6344 BOYNTON BCH BLVD.

BOYNTON BCH
33437

FL

Mailing Address

P.O. BOX 740876

BOYNTON BCH
334740876

FL

2. Principal Place of Business**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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****7. Name and Address of New Registered Agent**POSGAY RAYMOND J.
1217 EAST BROWARD BLVD.FORT LAUDERDALE
33301

FL

US

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

03/06/2001

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D	CARTER CLYDE	11260 NW 23 ST.	PEMBROKE PINES FL 33026				
S	KENNELLY DONNA	6344 BOYNTON BEACH BLVD	BOYNTON BEACH FL 33437				
VPD	DRYER SCOTT	7522 BRIAR CLIFF CIRCLE	LAKE WORTH FL 33467				
PD	SPILLANE JOHN	12788 W. FOREST HILL BLVD.	WEST PALM BEACH FL 33414				

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

J. P. Spillane

PD

03/06/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)