**FILE NOW: FILING FEE AFTER MAY 1 IS $155.00**

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 26 AM 7:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 729159 (4)

1. Corporation Name
**BOCA WEST COMMUNITY UNITED METHODIST CHURCH, INC**

| Principal Place of Business | Mailing Address |
|---|---|
| 9087 W GLADES RD<br>BOCA RATON FL 33434 | 9087 W GLADES RD<br>BOCA RATON FL 33434 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/22/1974
3a. Date of Last Report: 04/28/1994
4. FEI Number: 59-2249630 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☑ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. |
| 23 City & State | 28 City & State |
| 24 Zip / 25 Country | 29 Zip / 30 Country |

9. Name and Address of Current Registered Agent

BOLLINGER, RANDY
21187 WHITE OAK AVE.
BOCA RATON FL 33428

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | P | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | BOLLINGER, RANDY | 1.2 NAME | |
| STREET ADDRESS | 21187 WHITE OAK AVENUE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | BOCA RATON, FL 00000 | 1.4 CITY-ST-ZIP | |
| TITLE | V | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | BRITTON, CHARLES | 2.2 NAME | |
| STREET ADDRESS | 22281 SANDS PT. DR. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | BOCA RATON FL | 2.4 CITY-ST-ZIP | |
| TITLE | SD | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | WILSON, JAN | 3.2 NAME | |
| STREET ADDRESS | 5751 CAMINO DEL SOL #407 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | BOCA RATON, FL 00000 | 3.4 CITY-ST-ZIP | |
| TITLE | TD | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | FREYTAG, WILLIAM | 4.2 NAME | |
| STREET ADDRESS | 10384 SAIL PLACE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | BOCA RATON, FL 00000 | 4.4 CITY-ST-ZIP | |
| TITLE | D | 5.1 TITLE | ☑ Change ☐ Addition |
| NAME | ~~SMITH, MILTON~~ | 5.2 NAME | Isch, Philip |
| STREET ADDRESS | ~~22207 SW 58TH AVE.~~ | 5.3 STREET ADDRESS | 10308 Sleepy Brook Way |
| CITY-ST-ZIP | ~~BOCA RATON, FL 00000~~ | 5.4 CITY-ST-ZIP | Boca Raton, Fl. 33428 |
| TITLE | D | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | ARMPRIESTER, JACK | 6.2 NAME | |
| STREET ADDRESS | 9417 RICHMOND CIRCLE | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | BOCA RATON FL | 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** Randy Bollinger RANDY BOLLINGER 2/8/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (date) Daytime Phone #

0040744