

FILE NOW: FILING FEE IS \$61.25

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Mar 25 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **729159** (4)

1. Corporation Name

BOCA WEST COMMUNITY UNITED METHODIST CHURCH, INC



Principal Place of Business 9087 W GLADES RD BOCA RATON FL 33434	Mailing Address 9087 W GLADES RD BOCA RATON FL 33434
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

3. Date Incorporated or Qualified 03/22/1974
4. FEI Number 59-2249630
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent BRITTON CHARLES 22281 SANDS POINT DR BOCA RATON FL 33433	
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10. Name and Address of New Registered Agent	
81 Name Woolsey, Michael	
82 Street Address (P.O. Box Number is Not Acceptable) 9213 SW 16 Road	
83	
84 City Boca Raton	85 Zip Code FL 33428

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Michael Woolsey **Michael Woolsey** **Mar. 12, 1998**
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BRITTON CHARLES		1.2 NAME Woolsey, Michael	
STREET ADDRESS 22281 SANDS PT. DR.		1.3 STREET ADDRESS 9213 SW 16 Road E.	
CITY-ST-ZIP BOCA RATON FL		1.4 CITY-ST-ZIP Boca Raton, Fl 33428	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V	<input checked="" type="checkbox"/> DELETE	2.1 TITLE V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WOOLSEY, MICHAEL		2.2 NAME Wisnoski, Daniel	
STREET ADDRESS 9213 SW 16 ROAD		2.3 STREET ADDRESS 22701 SW 65 Cir. B.R., Fl 33428	
CITY-ST-ZIP BOCA RATON FL		2.4 CITY-ST-ZIP	
TITLE SD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MANNINO, JOSEPH		3.2 NAME Moss, Skip	
STREET ADDRESS 7428 SAN SEBASTION DRIVE		3.3 STREET ADDRESS 11869 Anchorage Way	
CITY-ST-ZIP BOCA RATON FL		3.4 CITY-ST-ZIP Boca Raton, Fl 33428	
TITLE TD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SCROGHAM, PATRICIA		5.2 NAME	
STREET ADDRESS 22243 SW 62 AVE		5.3 STREET ADDRESS	
CITY-ST-ZIP BOCA RATON FL		5.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BOLL, JUDITH		6.2 NAME	
STREET ADDRESS 18375-103 TRAIL SOUTH		6.3 STREET ADDRESS	
CITY-ST-ZIP BOCA RATON FL		6.4 CITY-ST-ZIP	

14. 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 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: Michael Woolsey **Michael Woolsey** **Mar. 12, 1998** 561-482-6871

CR2E037 (1097)