FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999°



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 729159

1. Corporation Name

BOCA WEST COMMUNITY UNITED METHODIST CHURCH, INC

Principal Place of Business 9087 W GLADES RD BOCA RATON FL 33434

2. Principal Place of Business

Mailing Address

9087 W GLADES RD BOCA RATON FL 33434

2a. Mailing Address

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90097 044 ****61.25

3. Date Incorporated or Qualifed

03/22/1974

41]					4	1 1					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number 59-2249630	Applied For Not Applicable					
22		27 City & State	 -			\$8.75 A					
City & State	B	28			5. Certificate of Status Desired	Fee Rec					
Zip	Country	Zip	Country		6. Election Campaign Financing	\$5.00	May Re				
24	25	29 30]		Trust Fund Contribution	Added to	- 1				
24	9. Name and Address of Curre				10. Name and Address of New Registered A	gent					
 			81	Name							
WOOL SEV	, MICHAEL		-	Moss, Melvin Street Address (P.O. Box Number is Not Acceptable)							
9213.SW			82	11869 Anchorage Way							
	TON FL 33428		83								
DUCA RA	1UN FL 33420				oca Raton, Fl 33428						
	•	·	84	City	FL	85 Zip C	ode				
11 Duranget to the provisions of Sections 617 0502 and 617 1508. Florida Statutes the above pared corporation submits this statement for the purpose of changing its registered											
office or re	edistered agent or hoth in the State	e of Florida. Such change was autho	onzed by	the corporati	on's board of directors. I hereby accept the appoin	tment as reg	istered				
agent! I am familiar with: act accept the obligations of, Section 617.0503, Florida Statutes.											
SIGNATURE	Signature, typed or printed name of registered ag	Me]	vin I	MOSS	April 19 19 C	19					
12.		AND DIRECTORS	13.	. ag. min o roqui	ADDITIONS/CHANGES TO OFFICERS ANI	D DIRECTO	RS IN 12				
TITLE	P	☐ DELETE	1.1 TITLE	P)	Change	Addition				
NAME !	WOOLSEY, MICHAEL		1.2 NAME	-	Moss, Melvin						
STREET ADDRESS	9213 SW 16 ROAD E				1869 Anchorage Way						
CITY-ST-ZIP	BOCA RATON FL 33428		1.4 CITY-S	I .	Roca Raton, Fl 33428						
TITLE	V	☐ DELETE	2.1 TITLE	V	· · · · · · · · · · · · · · · · ·	Change	☐ Addition				
NAME	WISOSKI, DANIEL		2.2 NAME	'							
STREET ADDRESS	22701 SW 65 CIR.		2.3 STREET		Zzajkoski, Larry 0557 Tavernier Drive						
CITY-ST-ZIP	BOCA RATON FL 33428		2. 4 CITY-S								
TITLE	SD	DELETE	3.1 TITLE	- <u> </u>	Roca Raton, Fl 33496	Change	Addition				
NAME	MOSS, SKIP		3.2 NAME	-	SD Tilde						
STREET ADDRESS	11869 ANCHORAGE WAY		3.3 STREET		Jursa, Linda						
CITY-ST-ZIP	BOCA RATON FL 33428		3.4. CITY-S		22219 Clocktower Way						
TITLE	TD	☐ DELETE	4.1 TITLE	1	Boca Raton, Fl 33428	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-S	T-ZIP							
TITLE	D	☐ DELETE	5.1 TITLE			Change	☐ 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	r-zip		<u>^- : : : : : : : : : : : : : : : : : : :</u>	, ,				
TITLE	D	☐ DELETE	6.1 TITLE	E	9	Change	Addition				
NAME	BOLL, JUDITH		6.2 NAME	6	Grant, Paul						
STREET ADDRESS	18375-103 TRAIL SOUTH		6.3 STREET		22536 Middletown Drive		,				
CITY-ST-ZIP	BOCA RATON FL		6.4 CITY-ST	T-ZIP							
24		with this filles done not evalled for the	o ovomet		Social Raton F1 33428	fu that the in	formation				

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, with all other like empowered.

SIGNATURE:

GNATURE AND TYPED OR MINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 19,1999

(561) 487-3019

Daytime Pho

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