

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90021 019 \*\*\*\*61.25

**DOCUMENT # 729159**

1. Entity Name

**BOCA WEST COMMUNITY UNITED METHODIST CHURCH, INC**

Principal Place of Business

Mailing Address

9087 W GLADES RD  
BOCA RATON FL 33434

9087 W GLADES RD  
BOCA RATON FL 33434

030432

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2249630

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

CZAJKOSKI, LAWRENCE  
9557 TAVERNIER DR  
BOCA RATON FL 33496

Name: **Beede, Scott**

Street Address (P.O. Box Number is Not Acceptable)

12230 Rockledge Circle

City Boca Raton,

**FL**

Zip Code  
33428

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

*Scott Beede*

Scott Beede

Apr. 14, 2002

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 **P** ☐ Delete  
NAME **CZAJKOSKI, LAWRENCE**  
STREET ADDRESS **9557 TAVERNIER DR.**  
CITY-ST-ZIP **BOCA RATON FL 33496**

TITLE **P** ☒ Change ☐ Addition  
NAME **Beede, Scott**  
STREET ADDRESS **12230 Rockledge Circle**  
CITY-ST-ZIP **Boca Raton, Fl 33428**

TITLE **V** ☐ Delete  
NAME **WOOLSEY, MICHAEL**  
STREET ADDRESS **9213 SW 16TH ROAD EAST**  
CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **SD** ☐ Delete  
NAME **WRIGHT, DAVID**  
STREET ADDRESS **18235 104 TERRACE SOUTH**  
CITY-ST-ZIP **BOCA RATON FL 33498**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **TD** ☐ Delete  
NAME **FREYTAG, WILLIAM**  
STREET ADDRESS **10384 SAIL PLACE**  
CITY-ST-ZIP **BOCA RATON FL 33498**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **BEEDE, SCOTT**  
STREET ADDRESS **12230 ROCKLEDGE CIRCLE**  
CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE **D** ☒ Change ☐ Addition  
NAME **Browder, Charles**  
STREET ADDRESS **19643 Carolina Circle**  
CITY-ST-ZIP **Boca Raton, Fl 33434**

TITLE **D** ☐ Delete  
NAME **GRANT, PAUL**  
STREET ADDRESS **22536 MIDDLETOWN DR.**  
CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE **D** ☒ Change ☐ Addition  
NAME **Krause, Jeffrey**  
STREET ADDRESS **19607 Montana Lane**  
CITY-ST-ZIP **Boca Raton, Fl 33434**

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 attachment with an address, with all other like empowered.

SIGNATURE:

*Scott Beede*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Scott Beede

Apr. 14, 2002, (561) 470-2237

Date

Daytime Phone #

CR2E037 (9/01)