

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90247 033 ****61.25

DOCUMENT # 729159

1. Entity 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**

94075318



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02052004

Chg-NP

CR2E037 (10/03)

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

**BROOKS, CARL
18188-181-CIRCLE S.
BOCA RATON, FL 33498**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Carl A Brooks

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

(NOTE: Registered Agent signature required when reinstating)

4/22/2004

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **BROOKS, CARL**
STREET ADDRESS **18188-181- CIRCLE S.**
CITY-ST-ZIP **BOCA RATON, FL 33498**

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

TITLE **SD** ☐ Delete
NAME **BRUNING, JOHN**
STREET ADDRESS **8614 JASMINE WAY**
CITY-ST-ZIP **BOCA RATON, FL 33496**

TITLE **TD** ☒ Delete
NAME **JAQUET, JOHN**
STREET ADDRESS **9135 GETTYSBURGH RD.**
CITY-ST-ZIP **BOCA RATON, FL 33434**

TITLE **D** ☒ Delete
NAME **BROWDER, CHARLES**
STREET ADDRESS **19643 CAROLINA CR**
CITY-ST-ZIP **BOCA RATON, FL 33434**

TITLE **D** ☐ Delete
NAME **KRAUSE, JEFFREY**
STREET ADDRESS **19607 MONTANA LANE**
CITY-ST-ZIP **BOCA RATON, FL 33434**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **D** ☒ Change ☒ Addition
NAME **KRISTIN DUNN**
STREET ADDRESS **2145 Escondido Way**
CITY-ST-ZIP **Boca Raton FL 33433**

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

TITLE **D** ☒ Change ☒ Addition
NAME **GERRIT PRUIS**
STREET ADDRESS **8421 Nadmae Ave**
CITY-ST-ZIP **Boca Raton FL 33434**

TITLE **D** ☒ Change ☒ Addition
NAME **SUSAN TAYLOR**
STREET ADDRESS **10313 185 St S**
CITY-ST-ZIP **Boca Raton FL 33498**

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

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: *X Carl A Brooks*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/2004 561-289-0829

Date

Daytime Phone #