


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 04, 2005 8:00 am
Secretary of State

08-04-2005 90001 002 ****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			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2249630 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				2nd MOORE CR2E037 (5/05)	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BROOKS, CARL 18188-181- CIRCLE S. BOCA RATON FL 33498 D <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	mark KLOCKNER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1234 16349 Braeburn Ridge Trail Delray Beach, FL 33446		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DUNN, KRISTIN <input checked="" type="checkbox"/> Delete 21145 ESCONDIDO WAY BOCA RATON FL 33433 SD	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Katha Twiner <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 10039 Umlerland Pl Boca Raton, FL 33428		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BRUNING, JOHN <input type="checkbox"/> Delete 8614 JASMINE WAY BOCA RATON FL 33496 D	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Keith Morgan <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 11860 Sunchase SUNCHASE CT. Boca Raton, FL 33498		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRUIS, BERRIT <input checked="" type="checkbox"/> Delete 8421 NADMAR AVE BOCA RATON FL 33434 D	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TAYLOR, SUSAN <input checked="" type="checkbox"/> Delete 10313 185 ST S BOCA RATON FL 33498 D	TITLE NAME STREET ADDRESS CITY-ST-ZIP	michael TAYLOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 10313 185th ST. S. Boca Raton FL 33498		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KRAUSE, JEFFREY <input checked="" type="checkbox"/> Delete 19607 MONTANA LANE BOCA RATON FL 33434	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <i>Carl A Brooks</i>		8/1/05 561-482-7335			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>			