


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2006 8:00 am
Secretary of State

01-20-2006 90029 020 ****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		3. Mailing Address		01122006 Chg-NP CR2E037 (11/05)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BROOKS, CARL 18188-181-CIRCLE S. BOCA RATON, FL 33498				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>					
Filing Fee is \$61.25 Due by May 1, 2006		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	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROOKS, CARL		NAME		
STREET ADDRESS	18188-181- CIRCLE S.		STREET ADDRESS		
CITY-ST- ZIP	BOCA RATON, FL 33498		CITY-ST- ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KLOCKNER, MARK		NAME		
STREET ADDRESS	16349 BRAEBURN RIDGE TRAIL		STREET ADDRESS		
CITY-ST- ZIP	DELRAY BEACH, FL 33446		CITY-ST- ZIP		
TITLE	SD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRUNING, JOHN		NAME		
STREET ADDRESS	8614 JASMINE WAY		STREET ADDRESS		
CITY-ST- ZIP	BOCA RATON, FL 33496		CITY-ST- ZIP		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	TWINER, KATHA		NAME	D Mike Woolsey	
STREET ADDRESS	10039 UMBERLAND PL		STREET ADDRESS	9213 SW 16 Road	
CITY-ST- ZIP	BOCA RATON, FL 33428		CITY-ST- ZIP	Boca Raton, FL 33428	
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MORGAN, KEITH		NAME		
STREET ADDRESS	11860 SUNCHASE CT		STREET ADDRESS		
CITY-ST- ZIP	BOCA RATON, FL 33498		CITY-ST- ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TAYLOR, MICHAEL		NAME		
STREET ADDRESS	10313 185TH ST S		STREET ADDRESS		
CITY-ST- ZIP	BOCA RATON, FL 33498		CITY-ST- ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Carl A Brooks</u> Carl A. Brooks 1/14/06					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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