


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2007 8:00 am
Secretary of State

08-02-2007 90013 041 ****61.25

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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 - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2249630	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
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 <u>BRUNING, John</u> Street Address (P.O. Box Number is Not Acceptable) <u>8614 JASMINE Way</u> City <u>BOCA RATON</u> FL Zip Code <u>33496</u>		
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 <u>John H. Bruning</u>			DATE <u>7/24/07</u>		
(NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by September 14, 2007		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	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY- ST- ZIP		CITY- ST- ZIP			
BROOKS, CARL		BUSH, HANK			
18188-181- CIRCLE S.		21131 White Oak Ave			
BOCA RATON, FL 33498		BOCA RATON, FL 33428			
D	<input checked="" type="checkbox"/> Delete	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY- ST- ZIP		CITY- ST- ZIP			
KLOCKNER, MARK		P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
16349 BRAEBURN RIDGE TRAIL					
DELRAY BEACH, FL 33446					
D	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
BRUNING, JOHN					
8614 JASMINE WAY					
BOCA RATON, FL 33496					
D	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
WOOLSEY, MIKE MIKE					
9213 SW 16TH RD.					
BOCA RATON, FL 33428					
D	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
MORGAN, KEITH					
11860 SUNCHASE CT					
BOCA RATON, FL 33498					
D	<input checked="" type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TAYLOR, MICHAEL					
10313 185TH ST S					
BOCA RATON, FL 33498					
D	<input checked="" type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
ROARK, FRANK					
11350 Lake Tree Ct.					
BOCA RATON, FL 33428					
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>John H. Bruning</u>			DATE <u>7/24/07</u> 5614794131		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		