## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 08, 2006 8:00 am **Secretary of State** DOCUMENT # 730525 1. Entity Name 03-08-2006 90172 037 \*\*\*\*61.25 BOCA RATON CHURCH OF CHRIST, INC. Principal Place of Business Mailing Address 5099 NW 5 AVE BOCA RATON FL 33431 5099 NW 5 AVE BOCA RATON FL 33431 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) Applied For City & State City & State 4. FEI Number 59-1940071 Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Glaus PARKS, DONALD Street Address (P.O. Box Number is Not Acceptable) 5099 NW 544 Avenue 5099 NW 5 AVE -**BOCA RATON FL 33431** Zip Code 3343 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 registerest agent. SIGNATURE FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS TITLE ☐ Delete TITLE 'Change ☐ Addition Frank Washington 5099 NW 5th Ave KIPP, DAVID NAME 5099 NW 5 AVE STREET ADDRESS STREET ADDRESS BOCA RATON FL 33431 City-St-7/P CITY-ST-7/P Boca Raton, FL 33431 ☐ Change TITLE ☐ Delete TITLE Addition ADAIR, WELDON NAME NAME 5099 NW 5 AVE STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33431** CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete Change ☐ Addition Brooks Aclain PARKS, DON NAME NAME 5099 NW 5 AVE STREET ADDRESS STREET ADDRESS BOCA RATON FL 33431 CITY-ST-7IP CITY-ST-ZIP Delete ☐ Change TITLE ☐ Addition TITLE GLAUS, HENRY NAME NAME STREET ADDRESS 5099 NW 5 AVE STREET ADDRESS **BOCA RATON FL 33431** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Chance TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutes. I further certify that the information indicated on this report or expolemental 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 truspee 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 adjacdress, with all other like empowered.

SIGNATURE: 

WHATTACH HERES AND STATUTE STATUTE