

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 08:00 AM
Secretary of State

DOCUMENT # 752320 1. Entity Name WEST BOCA PRESBYTERIAN CHURCH, INC. <i>DEPARTMENT OF REVENUE, TOLSON</i>	
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Principal Place of Business 22500 HAMMOCK STREET BOCA RATON, FL 33428	Mailing Address 22500 HAMMOCK STREET BOCA RATON, FL 33428
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DO NOT WRITE IN THIS SPACE

03312008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2753352	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SMITH, DIRK
6678 HOLLANDAIRE DRIVE, W.
BOCA RATON, FL 33433**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

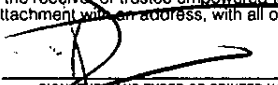
Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	11000000904305 05/01/08-80007-016 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FINFROCK, FRANK 2899 BANYON BAY BLVD. CIRCLE BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD POLLHEIN, STEVE 10777 SLEEPY BROOK WAY BOCA RATON, FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SMITH, DIRK 6678 HOLLANDAIRE DRIVE, W. BOCA RATON, FL 00000, 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME 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 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:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date **4/13/08** Daytime Phone # **561-241-1110**