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.

Principal Place of Business	Mailing Address
22500 HAMMOCK STREET BOCA RATON, FL 33428	22500 HAMMOCK STREET BOCA RATON, FL 33428

03312008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

000000904306
05/01/08-80007-016 61.25

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FINFROCK, FRANK
STREET ADDRESS	2899 BANYON BAY BLVD. CIRCLE
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	TD
NAME	POLLHEIN, STEVE
STREET ADDRESS	10777 SLEEPY BROOK WAY
CITY-ST-ZIP	BOCA RATON, FL 33428
TITLE	SD
NAME	SMITH, DIRK
STREET ADDRESS	6678 HOLLANDAIRE DRIVE, W.
CITY-ST-ZIP	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: _____ 4/13/08 561 241-1140
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #