# FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
**1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 758545 (8)

1. Corporation Name

**FIRST UNITED METHODIST CHURCH OF BOCA RATON, INC**

| Principal Place of Business | Mailing Address |
|---|---|
| 625 NE MIZNER BLVD.<br>BOCA RATON FL 33432 | 625 NE MIZNER BLVD.<br>BOCA RATON FL 33432 |

3. Date Incorporated or Qualified: 05/28/1981
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-0838089 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

9. Name and Address of Current Registered Agent

DAVID, JOHN T
625 N E MIZNER BLVD
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name: KAUFMAN, BILLIE JO
82 Street Address (P.O. Box Number is Not Acceptable): 625 NE Mizner Blvd
83
84 City: BOCA RATON FL 85 Zip Code: 33432

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Billie Jo Kaufman, President — DATE: 4/2/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | |
|---|---|---|
| TITLE | PDC | ☒ DELETE |
| NAME | DAVID, JOHN T | |
| STREET ADDRESS | 1120 S W 19TH ST | |
| CITY-ST-ZIP | BOCA RATON FL | |
| TITLE | VD | ☒ DELETE |
| NAME | SCHALLER, MARGARET | |
| STREET ADDRESS | 3467 N E 7TH ST | |
| CITY-ST-ZIP | BOCA RATON FL | |
| TITLE | TD | ☐ DELETE |
| NAME | PARLOW, ALTHEA | |
| STREET ADDRESS | 625 N E MIZNER BLVD | |
| CITY-ST-ZIP | BOCA RATON FL | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|
| 1.1 TITLE | PDC | ☒ Change ☐ Addition |
| 1.2 NAME | KAUFMAN, BILLIE JO | |
| 1.3 STREET ADDRESS | 11703 Timbers Way | |
| 1.4 CITY-ST-ZIP | BOCA RATON FL 33428 | |
| 2.1 TITLE | SD | ☒ Change ☐ Addition |
| 2.2 NAME | Stephanie Gerstle | |
| 2.3 STREET ADDRESS | 619 SW 14th St. | |
| 2.4 CITY-ST-ZIP | BOCA RATON FL 33486 | |
| 3.1 TITLE | | ☐ Change ☐ Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | ☐ Change ☐ Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | ☐ Change ☐ Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | ☐ Change ☐ Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** Billie Jo Kaufman, Chair Bd of Trustees — 4/2/96 — 9544526211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0011915