FILED

361392-06

2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with

SIGNATURE:

Apr 28, 2002 8:00 am Secretary of State **DOCUMENT # 758545** 1. Entity Name 03-13-2002 90015 044 ****61.25 FIRST UNITED METHODIST CHURCH OF BOCA RATON, INC Principal Place of Business Mailing Address 625 NE MIZNER BLVD. 625 NE MIZNER BLVD. BOCA RATON FL 33432 DOCA RATON FL 33432 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #. etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-0838089 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired USA Fee Required US4 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Obler; Scort Street Address (P.O. Box Number is Not Acceptable) 911 NE 24th Street EDDINGER, JOHN D 625 NE MIZENER BLVD **BOCA RATON FL 33431** Zip Code 33431 Boca Raton 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. SIGNATURE [NOTE: Registered Agent signature required when reinstating] Ý 9. Election Campaign Financing Make Check Pavable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. (9/01) ☐ Delete ■ Addition Chairperson X Change TITLE OBLER, SCOTT NAME Obler, Scott NAME E037 911 NE 124TH STREET STREET ADDRESS STREET ADDRESS 911 NE 24th Street **BOCA RATON FL 33431** CITY-ST-7IP CITY-ST-ZIP Boca Raton, FL 33431 ☐ Addition ☐ Delete TITLE Vice-Chairperson Change TITLE EDDINGER, JOHN NAME NAME Allen, Ron STREET ADDRESS 271 NW 37TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL 33431 ■ Addition ☐:Delete TITLE Treasurer Change TITLE SPECK, JOHN NAME NAME Speck, John 7612 EAGLE POINT DRIVE STREET ADDRESS STREET ADBRESS 7612 Eagle Point Drive Delray Beach, FL 3344 CITY-ST-7IP CITY-ST-ZiF DELRAY BEACH FL 33446 Delete Secretary ☐ Change ☐ Addition THE WALLS, KATHY NAME NAME Walls, Kathy 8092 SUMMER SHORES DRIVE STREET ADDRESS STREET ADDRESS 8092 Summer Shores Drive CITY-ST-ZIP **DELRAY BEACH FL 33446** CITY-ST-ZIP Delray Beach, FL 33446 ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 tystee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 it changed, or on an attachment with an address, with all other like effortives.