## 2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

**DOCUMENT #758545** 

1. Entity Name

## **FILED** Apr 10, 2006 8:00 am Secretary of State 04-10-2006 90332 002 \*\*\*\*61.25

FIRST UI INC.	NITED METHODIST CHUR	CH OF BOCA RATOR							
625 NE MIZNER BLVD. 62		Mailing Address 625 NE MIZNER BLVD. BOCA RATON, FL 3343					5	0010	549
Principal Place of Business     3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04400000					
					hg-NP	CR2E03	7 (11/05)		
City & State		City & State		4. FEI Number 59-083808	39			oplied For ot Applicable	
Zip	Country	Zip	Country		5. Certificate of S	tatus Desired		\$8.75 Add	
	6. Name and Address of Current	Registered Agent			7. Name and Add	ress of New I			
HAYES, ROBERT			Name -	Ro	thbun:	Doni	Id E.		
22692 CARAVELLE CIRCLE			Street Address		(P.O. Box Number is Not Acceptable)				
BOCA RATON, FL 33433			Tolco		Beach,				
			City	Dela	2 7300	ch	FL	Zip.Cod	<i>R</i> 3
	named entity submits this statement for	or the purpose of changing its	registered office of	or register	d agent, or both, in	the State of Fl	lorida. I am fa	amiliar with,	and accept
	1015	7-101 -		, ,	1-50 I	, /	-/	, ,	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	Registered Agent signs	alure required		bun	3/30 DATE	06	
	biginals 4, types of printed having or regional on agent				mieri foliatataty)				
	Filing Fee is \$61.25	9. Election Cam	paign Financing		\$5.00 May Be		Make check		
10	Filing Fee is \$61.25 Due by May 1, 2006	9. Election Carr Trust Fund C	paign Financing ontribution.		\$5.00 May Be Added to Fees	Flo	rida Depart	ment of S	tate
10.	Filing Fee is \$61.25	9. Election Cam Trust Fund C	paign Financing		\$5.00 May Be Added to Fees	FIO OFFICE	rida Depart	ment of S	tate
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Thereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: