

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 02, 2007 8:00 am
Secretary of State

02-12-2007 90085 010 ****61.25

DOCUMENT # 758545			
1. Entity Name FIRST UNITED METHODIST CHURCH OF BOCA RATON, INC.			
Principal Place of Business 625 NE MIZNER BLVD. BOCA RATON, FL 33432		Mailing Address 625 NE MIZNER BLVD. BOCA RATON, FL 33432	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-0838089		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
RATHBUN, DONALD E <i>Preston Coffey</i> 317 PELICAN WAY <i>701 Holly Lane</i> DELRAY BEACH, FL 33483 <i>Boca Raton, FL</i> <i>33486</i>		Name <i>Preston Coffey</i> Street Address (P.O. Box Number is Not Acceptable) <i>701 Holly Lane</i> <i>Boca Raton</i> City <i>FL</i> Zip Code <i>33486</i>	
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: <i>[Signature]</i>		DATE: <i>1-18-07</i>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD RATHBUN, DONALD E ☒ Delete 317 PELICAN WAY DELRAY BEACH, FL 33483	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TD TATE, MARY BETH ☐ Delete 1090 SW 15 ST BOCA RATON, FL 33486 <i>Treasurer of Trustees</i>	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DS WELLS, DAN W ☐ Delete 1581 NW 7TH ST BOCA RATON, FL 33486 <i>Secretary of Trustees</i>	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<i>Preston Coffey</i> ☐ Delete <i>701 HOLLY LANE</i> <i>Chairman of Trustees</i> <i>BOCA RATON, FL 33486</i>	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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: <i>[Signature]</i>		DATE: <i>1-18-07</i> <i>561 504.3873</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF AGING OFFICER OR DIRECTOR		Date Daytime Phone #	