2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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ANNUAL REPORT	

DOCUMENT #758545 FIRST UNITED METHODIST CHURCH OF BOCA RATON, 40041709 Principal Place of Business Mailing Address 625 NE MIZNER BLVD. 625 NE MIZNER BLVD. BOCA RATON, FL 33432 BOCA RATON, FL 33432 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01082008 CR2E037 (12/06) 4. FEI Number 59-0838089 City & State City & State Applied For Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Rex Ciavola COFFER, PRESTON 701 HOLL YLANE Street Address (P.O. Box Number is Not Acceptable) BOCA RATÓN, FL 33486 263 Fan Roas 8. The above named entity submite 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 printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees 10 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TTR TITLE TITLE □ Defete ☐ Channe ☐ Addition TATE, MARY BETH NAME STREET ADDRESS STREET ADDRESS 1090 SW 15 ST CITY-ST-ZIP BOCA RATON, FL 33486 CITY-ST-ZIP STR Delete TITLE Rex Cievala ☐ Change ★ Addition TITLE WELLS, DAN W-NAME NAME 263 FAN PACK RD. STREET ADDRESS 1581 NW 7TH ST STREET ADDRESS BOCA RATION FL 33432 CITY-ST-ZIP BOGA RATON, PL-39480 CITY-ST-ZIP Ron Coomba Addition COTR-Delete TITLE ☐ Change TITLE COFFER, PRESTON NAME NAME 2920 NW 26th Ct. STREET ADDRESS 701 HOLLY LANE STREET ADDRESS Boia Raton, FL BOCA RATON, FL 33486 CITY-ST-ZIP CITY-ST-ZIP Change TITLE Detete TITLE ☐ Addition NAME NAME STREET ADORESS STREET ADORESS CITY-ST-ZIP CITY-ST-7IP Delete ☐ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-712 Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 sympowered 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 an address.