

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000003676

**FILED**  
**Mar 28, 2011**  
**Secretary of State**

**Entity Name:** BOSWELL HOUSE MINISTRIES, INC.

**Current Principal Place of Business:**

505 S FLAGLER DRIVE STE 1100  
WEST PALM BEACH, FL 33401

**New Principal Place of Business:**

505 S FLAGLER DRIVE  
SUITE 1100  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

P.O. BOX 3475  
W. PALM BEACH, FL 334023475

**New Mailing Address:**

**FEI Number:** 32-0016850

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JONES FOSTER SERVICE, LLC  
505 S FLAGLER DRIVE STE 1100  
WEST PALM BEACH, FL 33401 US

**Name and Address of New Registered Agent:**

JONES FOSTER SERVICE, LLC  
505 S FLAGLER DRIVE  
SUITE 1100  
WEST PALM BEACH, FL 33401 US

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: \_\_\_\_\_

Electronic Signature of Registered Agent

03/28/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: BOSWELL, JOHN  
Address: 840 OCEAN BOULEVARD, UNIT 101  
City-St-Zip: JUNO BEACH, FL 33408

Title: D  
Name: BEAUMONT LOVELAND, CYNTHIA  
Address: 11303 AVERY ROAD  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D  
Name: BOSWELL, HOLLY RACHAEL  
Address: 3281 MONET DRIVE  
City-St-Zip: PALM BEACH GARDENS, FL 33410

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOHN BOSWELL

D

03/28/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date