## FILED 2003 NOT-FOR-PROFIT CORPORATION Jan 13, 2003 8:00 am § Secretary of State UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **N02000003676**

1. Entity Name

BOSWELL HOUSE MINISTRIES, INC.



01-13-2003 90346 026 \*\*\*\*61.25

Principal Place of Business Mailing Address 505 S FLAGLER DRIVE STE 1100 P.O. BOX 3475 WEST PALM BEACH FL 33401 W. PALM BEACH FL 33402-3475 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 32-00/68-50 Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HENRY, THORNTON M Street Address (P.O. Box Number is Not Acceptable) 505 S FLAGLER DRIVE STE 1100 WEST PALM BEACH FL 33401 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 President and Director ☐ Delete TITLE ☐ Change Addition John Boswell NAME NAME STREET ADDRESS 3281 Monet Drive STREET ADDRESS CITY-ST-ZIP Palm Beach Gardens, FL 33410 CITY-ST-ZIP Director ☐ Delete TITLE ☐ Change Addition Ann MarieSemich NAME STREET ADDRESS 12369 15th Street N STREET ADDRESS CITY-ST-ZIP Tequesta, FL CITY-ST-ZIP TITLÊ -Director Dělete\* TITLE ☐ Addition Lester Woerner NAME STREET ADDRESS 777 South Flagler Drive, Suite 110 ) street address CITY-ST-ZIP <u>West Palm Beach, FL 33410</u> CITY-ST-ZIP TITLE ☐ Change ■ Addition Steve Templeton NAME NAME STREET ADDRESS 540 Royal Palm Beach Boulevard STREET ADDRESS CITY-ST-ZIP Roayl Palm Beach, FL 33411 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 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 er like empowered.

CITY-ST-7IP

CITY-ST-ZIP

50