## **2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

## **DOCUMENT # N03000000124**



## FILED Mar 08, 2004 8:00 am Secretary of State

FIRST BOCENTER	ORN CHUP	RCH COMMUNIT	Y OUTREACH			03-08-	2004 90038 009	9 ******	01.23
Principal Place of Business 612 NORTH WEST 6TH ST. POMPANO BEACH, FL 33060		Mailing Address 612 NORTH WEST 6TH POMPANO BEACH, FL			-		<b></b>		
2. Principal F	Place of Busines		3. Mailing Address	AME					
Suite, Apt. #, etc.			Suite, Apt. #, etc.	030420	04 Chg-NP	CR2E037 (1	10/03)		
City & State			City & State		4. FEI N	umber 7-1/43	52/	<del></del>	plied For t Applicable
Zip Country		Zip	Country		cate of Status Desi	ed □ Fee	.75 Addi Required		
6. Name and Address of Current Registered Agent					7. Name	and Address of N	ew Registered Agen	nt	
JONES, ANDREW J 1289 WEST 35 ST. RIVIERA BEACH, FL 33404			.· · · -	Street Address (P.O. Box Numb			otable)		
KIVIERA	DEAUN, FL	33404		07				**** A . 1	
				City			FL	Zip Code	
			the purpose of changing its	registered office or r	registered agent, o	or both, in the State	of Florida. I am famil	liar with, a	and accept
SIGNATURE	ANGRE Signature, typed or	W J Jones: printed name of registered agent a	Resident Direct	E: Registered Agent signature		rmis Jon	w 3/4/	04	
SIGNATURE	ANDRE	W J Jones: printed name of registered agent a	<u> </u>	npaign Financing	e required when ainstalin	lay Be	Make check pa		
SIGNATURE	ANDRE Signature, typed or Filling Fee	W J Jones: printed name of registered agent a	9. Election Can Trust Fund C	npaign Financing	\$5.00 A Added to	lay Be Fees	Make check pa	nt of St	ate
10. 71TLE	Signeture, typed or Filling Fee Due by Ma	printed name of registered agent a  is \$61.25  by 1, 2004  OFFICERS AND DIR	9. Election Can Trust Fund C	npaign Financing Contribution. E	\$5.00 A Added to	lay Be Fees	Make check pa Florida Departme	nt of St	ate
10. TITLE NAME	Signeture, hyped or Filling Fee Due by Ma	printed name of registered agent a  is \$61.25  ay 1, 2004  OFFICERS AND DIR  CK JR.	9. Election Can Trust Fund C	npaign Financing Contribution. E  11.  TITLE NAME	\$5.00 A Added to	lay Be Fees	Make check pa Florida Departme	nt of Sta	10
10.	Signeture, typed or Filling Fee Due by Ma  D JONES, JAM 2925 NW 47	printed name of registered agent a  is \$61.25  ay 1, 2004  OFFICERS AND DIR  CK JR.  TH ST.	9. Election Can Trust Fund C	npaign Financing Contribution. E  11.  TITLE NAME STREET ADDRESS	\$5.00 A Added to	lay Be Fees	Make check pa Florida Departme	nt of Sta	10
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signeture, typed or Filling Fee Due by Ma  D JONES, JAM 2925 NW 47	printed name of registered agent a  is \$61.25  ay 1, 2004  OFFICERS AND DIR  CK JR.	9. Election Can Trust Fund C ECTORS	npaign Financing Contribution. E  11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$5.00 A Added to	lay Be Fees	Make check pa Florida Departme FICERS AND DIREC	TORS IN Change	10 Addition
10. TITLE NAME STREET ADDRESS	Signeture, typed or Filling Fee Due by Ma  D JONES, JAI 2925 NW 4 FT. LAUDE	printed name of registered agent a  is \$61.25  ay 1, 2004  OFFICERS AND DIR  CK JR.  TH ST.  RDALE, FL 33311	9. Election Can Trust Fund C	npaign Financing Contribution. E  11.  TITLE NAME STREET ADDRESS	\$5.00 A Added to	lay Be Fees	Make check pa Florida Departme FICERS AND DIREC	nt of Sta	10
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signeture, hyped or Filling Fee Due by Ma  D JONES, JAI 2925 NW 4 FT. LAUDEI PD	printed name of registered agent a  is \$61.25  iy 1, 2004  OFFICERS AND DIR  CK JR.  TH ST.  RDALE, FL 33311	9. Election Can Trust Fund C ECTORS	npaign Financing Contribution. E  11. TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE	\$5.00 A Added to	lay Be Fees	Make check pa Florida Departme FICERS AND DIREC	TORS IN Change	10 Addition
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signeture, typed or Filling Fee Due by Ma  D JONES, JAI 2925 NW 47 FT. LAUDEI PD JONES, AN 1289 WEST RIVIERA BE	printed name of registered agent a  is \$61.25  iy 1, 2004  OFFICERS AND DIR  CK JR.  TH ST.  RDALE, FL 33311	9. Election Can Trust Fund C ECTORS	npaign Financing Contribution. E  11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	\$5.00 A Added to	lay Be Fees	Make check pa Florida Departme FICERS AND DIREC	TORS IN Change	10 Addition
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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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**