2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2009
Secretary of State

DOCUMENT# N41521

Entity Name: FAITH UNITED METHODIST CHURCH OF BOYNTON BEACH, FLORIDA, INC.

Current Principal Place of Business:

6340 W BOYNTON BEACH BLVD
BOYNTON BEACH, FL 33437

New Principal Place of Business:

Current Mailing Address:

6340 W BOYNTON BEACH BLVD
BOYNTON BEACH, FL 33437

New Mailing Address:

FEI Number: 65-0234788 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CALVERT, DEBRA
10733 RANCHIPUR STREET
BOYNTON BEACH, FL 33437 US

Name and Address of New Registered Agent:

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 — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: OLSON, DANIEL
Address: 6291 TERRA ROSA CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33437

Title: V ( ) Delete
Name: LOPEZ, JOSEPH
Address: 6290 TERRA ROSA CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33437

Title: D ( ) Delete
Name: HENDREN, HAROLD
Address: 10714 KATMAN DU COURT
City-St-Zip: BOYNTON BEACH, FL 33437

Title: D ( ) Delete
Name: KUZMIREK, CAS
Address: 7581 LAUDEN DRIVE
City-St-Zip: LAKE WORTH, FL 33467

Title: S ( ) Delete
Name: HOSHAW, DAVE
Address: 9210 MARQUIS CT
City-St-Zip: BOYNTON BEACH, FL 33437

Title: T ( ) Delete
Name: MCDONALD, ROBERT
Address: 8959 INDIAN RIVER RUN
City-St-Zip: BOYNTON BEACH, FL 33437

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SCHOOLEY, MICHAEL
Address: 6484 KIRSTEN WAY
City-St-Zip: LAKE WORTH, FL 33467

Title: V (X) Change ( ) Addition
Name: PETERSON, ERIC
Address: 3735 S. LAKE DRIVE
City-St-Zip: BOYNTON BEACH, FL 33435

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: LOPEZ, JOSEPH
Address: 6290 TERRA ROSA CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33437

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DEBRA G CALVERT RA 04/06/2009

Electronic Signature of Signing Officer or Director — Date