

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005698

1. Entity Name

THE FELLOWSHIP CHURCH OF BOYNTON/DELRAY, INC.

Principal Place of Business

225 NE 25TH ST.  
BOCA RATON FL 33431

Mailing Address

225 NE 25TH ST.  
BOCA RATON FL 33431-7520

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0948436

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

HUTCHINSON, DOUG  
21929 HOLLY TREE WAY  
BOCA RATON FL 33428

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10.

OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PD

MOOK, DON

225 NE 25TH ST.

BOCA RATON FL 33431

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VD

HUTCHINSON, DOUG

21929 HOLLY TREE WAY

BOCA RATON FL 33428

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SD

POULSEN, ANDREW

23317 TREELINE DR.

BOCA RATON FL 33428

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TD

SCHLEU, VMENNE

1179 SW 21ST ST.

BOCA RATON FL 33486

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/6/00 561-395-5164

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/6/00 561-395-5164

CR2E037 (9/99)

12. I hereby certify that the information supplied with this filing 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.