2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # N9900007642 Mar 20, 2000 8:00 am Secretary of State 1. Entity Name THE NEW CHURCH AT BOYNTON BEACH PROPERTIES, INC. 03-20-2000 90053 008 ****61.25 Principal Place of Business Mailing Address 10621 EL CLAIR RANCH ROAD 10621 EL CLAIR RANCH ROAD **BOYNTON BEACH FL 33437 BOYNTON BEACH FL 33437** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number 976956 City & State Applied For City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) SMITH, ROGER 11006 HAITI BAY **BOYNTON BEACH FL 33436** Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable Make Check Pavable to 9. Election Campaign Financing **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition Delete TITLE TITLE SMITH, ROGER NAME NAME STREET ADDRESS 11006 HAITI BAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL 33436** ☐ Change ☐ Addition TITLE Delete TITLE NAME FARRINGTON, THEODORE C NAME STREET ADDRESS 1905 SW 22ND WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL 33426** Delete TITLE ____Change ____ Addition TITLE HEINRICHS, DANIEL W NAME NAME STREET ADDRESS 9115 CHRYSANTHEMUM DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL 33437** ☐ Change Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 eath; 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

SIGNATURE: ROGET A. Smith 3/14/00 (561) 736-9235

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Daylime Phone W

changed, or on an attachment with an address, with all other like empowered.