

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED AND FILED

95 MAR -2 PM 4:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 702218 (9)

1. Corporation Name

FIRST UNITED PRESBYTERIAN CHURCH, TEQUESTA, FLORIDA, INC.

Principal Place of Business

Mailing Address

482 TEQUESTA DR.
TEQUESTA FL 33469

482 TEQUESTA DR.
TEQUESTA FL 33469

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/31/1961
3a. Date of Last Report 02/16/1994

4. FEI Number 59-1237866
Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WISHART, JAMES W.
482 TEQUESTA DR.
TEQUESTA FL 33469

81 Name Scott H. Rippe, Treasurer
82 Street Address (P.O. Box Number is Not Acceptable) 482 Tequesta Drive
83
84 City Tequesta FL 85 Zip Code 33469

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

2-8-95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD
NAME	HOUSEHOLDER, GERALD D.
STREET ADDRESS	482 TEQUESTA DR.
CITY- ST- ZIP	TEQUESTA FL
TITLE	VT
NAME	BARRICK, BOYD B.
STREET ADDRESS	482 TEQUESTA DR.
CITY- ST- ZIP	TEQUESTA FL
TITLE	ST
NAME	HERSEY, DONALD D.
STREET ADDRESS	482 TEQUESTA DR.
CITY- ST- ZIP	TEQUESTA FL
TITLE	T
NAME	WISHART, JAMES W.
STREET ADDRESS	482 TEQUESTA DR.
CITY- ST- ZIP	TEQUESTA FL
TITLE	T
NAME	RIPPE, SCHOTT H.
STREET ADDRESS	482 TEQUESTA DR.
CITY- ST- ZIP	TEQUESTA FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Dr. Bill Mote	
1.3 STREET ADDRESS	482 Tequesta Drive	
1.4 CITY- ST- ZIP	Tequesta FL 33469	
2.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Lois Cario	
2.3 STREET ADDRESS	482 Tequesta Drive	
2.4 CITY- ST- ZIP	Tequesta FL 33469	
3.1 TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Debra Mercer	
3.3 STREET ADDRESS	482 Tequesta Drive	
3.4 CITY- ST- ZIP	Tequesta FL 33469	
4.1 TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Scott H. Rippe	
4.3 STREET ADDRESS	482 Tequesta Drive	
4.4 CITY- ST- ZIP	Tequesta FL 33469	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY- ST- ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with my address.

SIGNATURE:

Scott H. Rippe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/95

407-746-5161

Scott H. Rippe, Treasurer