

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 702218 (9)
1. Corporation Name

FIRST UNITED PRESBYTERIAN CHURCH, TEQUESTA, FLORIDA, INC.



Principal Place of Business: 482 TEQUESTA DR. TEQUESTA FL 33469
Mailing Address: 482 TEQUESTA DR. TEQUESTA FL 33469

3. Date Incorporated or Qualified: 03/31/1961
3a. Date of Last Report: 03/02/1995
4. FEI Number: 59-1237866
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent

RIPPE, SCOTT H
482 TEQUESTA DRIVE
TEQUESTA FL 33469

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when "reinstating")

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	PD
NAME	MOTE, BILL D	12 NAME	Hersey, Donald D.
STREET ADDRESS	482 TEQUESTA DR.	13 STREET ADDRESS	482 Tequesta Drive
CITY-ST-ZIP	TEQUESTA FL	14 CITY-ST-ZIP	Tequesta FL 33469
TITLE	VD	21 TITLE	
NAME	CARIO, LOIS	22 NAME	
STREET ADDRESS	482 TEQUESTA DR.	23 STREET ADDRESS	
CITY-ST-ZIP	TEQUESTA FL	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	
NAME	MERCER, DEBRA	32 NAME	
STREET ADDRESS	482 TEQUESTA DR.	33 STREET ADDRESS	
CITY-ST-ZIP	TEQUESTA FL	34 CITY-ST-ZIP	
TITLE	TD	41 TITLE	
NAME	RIPPE, SCOTT H	42 NAME	
STREET ADDRESS	482 TEQUESTA DR.	43 STREET ADDRESS	
CITY-ST-ZIP	TEQUESTA FL	44 CITY-ST-ZIP	
TITLE	T	51 TITLE	
NAME	RIPPE, SCHOTT H.	52 NAME	
STREET ADDRESS	482 TEQUESTA DR.	53 STREET ADDRESS	
CITY-ST-ZIP	TEQUESTA FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 119.07(3)(k), 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 an address.

Scott H. Rippe

Treasurer

SIGNATURE:

Scott H. Rippe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/96 407-746-5161
Date Daytime Phone #

CR2E037 (12/95)