

**FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996**



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

**DOCUMENT # 716041 (9)**

1. Corporation Name

**FIRST CONGREGATIONAL UNITED CHURCH OF CHRIST, PALM CITY, FLORIDA, INC.**

Principal Place of Business

**POST OFFICE BOX 888  
560 SW 34TH STREET  
PALM CITY FL 34990-3604**

Mailing Address

**POST OFFICE BOX 888  
560 SW 34TH STREET  
PALM CITY FL 34990-3604**

**FILED  
May 23, 1996 08:00 AM  
Secretary of State**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

3. Date Incorporated or Qualified  
**02/11/1969**

3a. Date of Last Report  
**04/24/1995**

4. FEI Number  
**59-1738185**

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**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CARLSON, NANCY L  
1398 SW VIZCAYA CIR  
PALM CITY FL 34990**

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

TITLE **D** ☐ DELETE  
NAME **RONEY, JAMES**  
STREET ADDRESS **4096 JIB LANE**  
CITY-ST-ZIP **STUART FL**

TITLE **D** ☐ DELETE  
NAME **WITHAM, LOIS**  
STREET ADDRESS **4898 SW MOORES STREET**  
CITY-ST-ZIP **PALM CITY FL 34990**

TITLE **D** ☐ DELETE  
NAME **CARLSON, NANCY L**  
STREET ADDRESS **1398 SW VIZCAYA CIR**  
CITY-ST-ZIP **PALM CITY FL**

TITLE **D** ☐ DELETE  
NAME **YANICK, KRISTEN**  
STREET ADDRESS **3023 BERRY RD**  
CITY-ST-ZIP **PALM CITY FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

**Council President - D** ☒ Change ☐ Addition  
**Michael Busha**  
**1524 SW Thelma St.**  
**Palm City, FL 34990**

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

**Vice President - D** ☒ Change ☐ Addition  
**Lester Willmer**  
**1800 St. Lucie Blvd., #12-305**  
**STUART, FL 34996**

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

**Treasurer - D** ☐ Change ☐ Addition  
**Nancy Carlson**  
**1398 SW Vizcaya Cir.**  
**Palm City, FL 34990**

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

**Clerk - D** ☒ Change ☐ Addition  
**Pam Busha**  
**1524 SW Thelma St.**  
**Palm City, FL 34990**

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

**300001838163**  
**-05/24/96--01028--021**  
**\*\*\*61.25**

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 any attachment with an address.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)