SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

FILED
Sep 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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, PA LM CITY, FLORIDA, INC.

Principal Place of Business	Mailing Address
POST OFFICE BOX 888 560 SW 34TH STREET PALM CITY FL 34990-3604	POST OFFICE BOX 888 560 SW 34TH STREET PALM CITY FL 34990-3604

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/11/1969
3a. Date of Last Report: 05/23/1996

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 59-1738185 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23) / City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24) Country (25) / Zip (29) Country (30)
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name: MARY HIGGINS
82 Street Address (P.O. Box Number is Not Acceptable): 5403 SE MILES GRANT RD #202
83
84 City: STUART **FL** 85 Zip Code: 34997

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: Mary H. Higgins — 9/7/97
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	P/D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BUSHA, MICHAEL		1.2 NAME		
STREET ADDRESS	1524 SW THELMA ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM CITY FL 34990		1.4 CITY-ST-ZIP		
TITLE	V/D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WILLMER, LESTER		2.2 NAME		
STREET ADDRESS	1800 ST. LUCIE BLVD., #12-305		2.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL 34996		2.4 CITY-ST-ZIP		
TITLE	T/D	☒ DELETE	3.1 TITLE	T/D	☒ Change ☐ Addition
NAME	CARLSON, NANCY		3.2 NAME	MARY HIGGINS	
STREET ADDRESS	1398 SW VIZCAYA CIR		3.3 STREET ADDRESS	5403 SE MILES GRANT RD #202	
CITY-ST-ZIP	PALM CITY FL 34990		3.4 CITY-ST-ZIP	STUART FL 34997	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BUSHA, PAM		4.2 NAME		
STREET ADDRESS	1524 SW THELMA ST.		4.3 STREET ADDRESS		
CITY-ST-ZIP	PALM CITY FL 34990		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (4/97)

14. I do 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 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.

SIGNATURE: SIGNATURE REQUIRED — August 25 1997 — (561)267-1167