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Jun 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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 34980-3604**

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560 SW 34TH STREET  
PALM CITY FL 34980-3604**

3. Date Incorporated or Qualified

**02/11/1969**

4. FEI Number

**59-1738185**

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

25 Name and Address of Current Registered Agent

**HIGGINS, MARY  
5403 SE MILES GRANT RD H202  
STUART FL 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

*Frances J. Roy*

(NOTE: Registered Agent signature required when reinstating)

DATE

**5-9-98**

12. OFFICERS AND DIRECTORS

TITLE **P/D**  
NAME **BUSHA, MICHAEL**  
STREET ADDRESS **1524 SW THELMA ST.**  
CITY-ST-ZIP **PALM CITY FL 34990**

TITLE **V/D**  
NAME **WILLMER, LESTER**  
STREET ADDRESS **1800 ST. LUCIE BLVD., #12-305**  
CITY-ST-ZIP **STUART FL 34996**

TITLE **T/D**  
NAME **HIGGINS, MARY**  
STREET ADDRESS **5403 SE MILES GRANT RD H202**  
CITY-ST-ZIP **STUART FL**

TITLE **D**  
NAME **BUSHA, PAM**  
STREET ADDRESS **1524 SW THELMA ST.**  
CITY-ST-ZIP **PALM CITY FL 34990**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **President**  
1.2 NAME **Lester Willmer**  
1.3 STREET ADDRESS **1800 St. Lucie Blvd #12-305**

1.4 CITY-ST-ZIP  
2.1 TITLE **Vice President**  
2.2 NAME **Lois Witham**  
2.3 STREET ADDRESS **4898 S.W. Moore St.**  
2.4 CITY-ST-ZIP **Palm City, FL 34990**

3.1 TITLE **Secretary**  
3.2 NAME **Frances J. Roy**  
3.3 STREET ADDRESS **P.O. Box 526 1119 S.W. Rio Vista Way**  
3.4 CITY-ST-ZIP **Palm City, FL 34990**

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

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

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

14. 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 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:

*Lester Willmer*

**4-15-98 561-287-1167**

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