

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 716041

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1738185

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROY, FRANCES J
1119 S W RIO VISTA WAY
PALM CITY FL 34990

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	BUSHA, MICHAEL	
STREET ADDRESS	10 PALM CT	
CITY-ST-ZIP	SEWALLS POINT FL 34996	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	CROSBY, THOMAS	
STREET ADDRESS	3355 S.W. QUAIL COVEY AVE	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ROY, FRANCES J	
STREET ADDRESS	POB 526, 1119 S W RIO BI	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUSHA, PAM	
STREET ADDRESS	10 PALM CT	
CITY-ST-ZIP	STUART FL 34996	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Frances J. Roy* **FRANCES J. ROY**
TREASURER 4-11-02 772-283-5680

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90393 048 ****61.25



DO NOT WRITE IN THIS SPACE