

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90285 020 \*\*\*\*61.25

**DOCUMENT # 716041**

1. Entity 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

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. I am familiar with, and accept the obligations of registered agent.

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**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PT ☐ Delete  
NAME WITHAM, MABEL  
STREET ADDRESS 1457 NW LAKE PL  
CITY-ST-ZIP STUART FL 34994

TITLE P ☒ Change ☐ Addition  
NAME LORRAINE WILLMER  
STREET ADDRESS 1800 S.E. St. Lucie Blvd  
CITY-ST-ZIP Bldg 12, Apt 305 Stuart, FL 34996

TITLE VPT ☐ Delete  
NAME STRENG, JANE  
STREET ADDRESS 226 SE TRAFALGAR TERR  
CITY-ST-ZIP STUART FL 34994

TITLE V ☒ Change ☐ Addition  
NAME ROY, FRANCES J.  
STREET ADDRESS P.O. Box 526  
CITY-ST-ZIP Palm City, FL 34991

TITLE TD ☐ Delete  
NAME ROY, FRANCES J  
STREET ADDRESS POB 526, 1119 S W RIO BI  
CITY-ST-ZIP PALM CITY FL 34990

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TC ☐ Delete  
NAME SINGLETON, SUE  
STREET ADDRESS 5456 SE 52ND AVE  
CITY-ST-ZIP STUART FL 34997

TITLE ☒ Change ☐ Addition  
NAME STRENG, JANE  
STREET ADDRESS 226 S.E. TRAFALGAR TERRACE  
CITY-ST-ZIP STUART, FL 34994

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-04 772-283-5680