2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#716041

Jan 28, 2005 Secretary of State

Entity Name: FIRST CONGREGATIONAL UNITED CHURCH OF CHRIST, PALM CITY, FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business: POST OFFICE BOX 888 560 SW 34TH STREET PALM CITY, FL 349903604 **New Mailing Address: Current Mailing Address:** POST OFFICE BOX 888 560 SW 34TH STREET PALM CITY, FL 349903604 FEI Number: 59-1738185 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ROY, FRANCES J 1119 S W RIO VISTA WAY PALM CITY, FL 34990 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition WILLMER, LORRAINE Name: Name: Address: 1800 SE ST. LUCIE BLVD. BLDG 12 APT 305 Address: City-St-Zip: STUART, FL 34996 City-St-Zip: Title: () Delete Title: () Change () Addition Name: ROY, FRANCES J Name: Address: PO BOX 526 Address: City-St-Zip: PALM CITY, FL 34991 City-St-Zip: Title: () Delete Title: () Change () Addition ROY, FRANCES J Name: Name: POB 526, 1119 S W RIO BI Address: Address: City-St-Zip: PALM CITY, FL 34990 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: STRONG, JANE Name: WITHAM, LOIS K 4898 SW MOORE ST Address: 226 SE TRAFAGAR TERR. Address: City-St-Zip: STUART, FL 34994 City-St-Zip: PALM CITY, FL 34990

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOIS K WITHAM S 01/28/2005