2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#716041

FILED Feb 12, 2006 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 560 SW 34TH STREET PALM CITY, FL 349903604

PALM CITY, FL 349903604

Current Mailing Address:

New Mailing Address:

POST OFFICE BOX 888 PO BOX 526

560 SW 34TH STREET PALM CITY, FL 34991 PALM CITY, FL 34991

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 US

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:

- Flackwaria Cianakura of Davisharad Anauk

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

 Name:
 WILLMER, LORRAINE
 Name:
 KIRKHART, KARL

 Address:
 1800 SE ST. LUCIE BLVD. BLDG 12 APT 305
 Address:
 25 SW APPALOOSA ST

 City-St-Zip:
 STUART, FL 34996
 City-St-Zip:
 STUART, FL 34994

Title: V (X) 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: TD () Delete Title: () Change () Addition

 Name:
 ROY, FRANCES J
 Name:

 Address:
 POB 526, 1119 S W RIO BI
 Address:

 City-St-Zip:
 PALM CITY, FL 34990
 City-St-Zip:

Title: S () Delete Title: S (X) Change () Addition

 Name:
 WITHAM, LOIS K
 Name:
 SINGLETON, SUSAN

 Address:
 4898 SW MOORE ST
 Address:
 5456 SE 52ND AVE

 City-St-Zip:
 PALM CITY, FL 34990
 City-St-Zip:
 STUART, FL 34997

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: FRANCES J ROY TD 02/12/2006