

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Mar 02, 2006
Secretary of State

DOCUMENT# 716041

Entity Name: FIRST CONGREGATIONAL UNITED CHURCH OF CHRIST, PALM CITY, FLORIDA, INC.**Current Principal Place of Business:**560 SW 34TH STREET
PALM CITY, FL 349903604**New Principal Place of Business:****Current Mailing Address:**PO BOX 526
PALM CITY, FL 34991**New Mailing Address:**PO BOX 888
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:**ROY, FRANCES J
1119 S W RIO VISTA WAY
PALM CITY, FL 34990 US**Name and Address of New Registered Agent:**

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:****Title:** P () Delete
Name: KIRKHART, KARL
Address: 25 SW APPALOOSA ST
City-St-Zip: STUART, FL 34994**Title:** TD () Delete
Name: ROY, FRANCES J
Address: POB 526, 1119 S W RIO BI
City-St-Zip: PALM CITY, FL 34990**Title:** S () Delete
Name: SINGLETON, SUSAN
Address: 5456 SE 52ND AVE
City-St-Zip: STUART, FL 34997**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** P (X) Change () Addition
Name: WILLMER, LORRAINE
Address: 1800 SE ST LUCIE BLVD.
City-St-Zip: STUART, FL 34996**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** S (X) Change () Addition
Name: WITHAM, LOIS
Address: 4898 SW MOORE ST
City-St-Zip: STUART, FL 34990

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: LORRAINE WILLMER

P

03/02/2006

Electronic Signature of Signing Officer or Director_____
Date