## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#716041** 

FILED Apr 16, 2007 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:

560 SW 34TH STREET PALM CITY, FL 349903604

Current Mailing Address: 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: Name and Address of New Registered Agent:

ROY, FRANCES J

1119 S W RIO VISTA WAY

PALM CITY, FL 34990 US

BELL, LISA A

2511 SW MCDONALD ST

PORT ST LUCIE, FL 34953 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: LISA A BELL 04/16/2007

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 WILMER, LORRAINE
 Name:
 WITHAM, LOIS KLINKE

 Address:
 560 SW 34TH STREET
 Address:
 560 SW 34TH STREET

 City-St-Zip:
 PALM CITY, FL 349903604
 City-St-Zip:
 PALM CITY, FL 349903604

 Title:
 VPT
 ( ) Delete
 Title:
 VP
 (X) Change ( ) Addition

 Name:
 ROY, FRANCES
 Name:
 MCMAHON, JOAN C

 Address:
 560 SW 34TH STREET
 Address:
 560 SW 34TH STREET

 Address.
 360 3W 34TH STREET

 City-St-Zip:
 PALM CITY, FL 349903604
 City-St-Zip:
 PALM CITY, FL 349903604

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

 Name:
 WITHAM, LOIS
 Name:
 MCMAHON, JOAN C

 Address:
 560 SW 34TH STREET
 Address:
 560 SW 34TH STREET

 City-St-Zip:
 PALM CITY, FL 349903604
 City-St-Zip:
 PALM CITY, FL 349903604

Title: Title: T ( ) Change (X) Addition

Name: Name: BELL, LISA A

 Address:
 Address:
 560 SW 34TH STREET

 City-St-Zip:
 City-St-Zip:
 PALM CITY, FL 349903604

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: LOIS KLINKE WTIHAM P 04/16/2007