

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716041

FILED
Apr 15, 2008
Secretary of State

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 888
PALM CITY, FL 34991

New Mailing Address:

FEI Number: 59-1738185 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BELL, LISA A
2511 SW MCDONALD ST
PORT ST LUCIE, FL 34953 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: WITHAM, LOIS KLINKE
Address: 560 SW 34TH STREET
City-St-Zip: PALM CITY, FL 349903604

Title: VP () Delete
Name: MCMAHON, JOAN C
Address: 560 SW 34TH STREET
City-St-Zip: PALM CITY, FL 349903604

Title: CS () Delete
Name: MCMAHON, JOAN C
Address: 560 SW 34TH STREET
City-St-Zip: PALM CITY, FL 349903604

Title: T () Delete
Name: BELL, LISA A
Address: 560 SW 34TH STREET
City-St-Zip: PALM CITY, FL 349903604

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 WITHAM

P

04/15/2008

Electronic Signature of Signing Officer or Director

_____ Date