

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 12, 2003 8:00 am
Secretary of State

04-28-2003 90311 006 ****61.25

DOCUMENT # 716041

1. Entity Name

**FIRST CONGREGATIONAL UNITED CHURCH OF CHRIST, PA
LM CITY, FLORIDA, INC.**



Principal Place of Business

Mailing Address

**POST OFFICE BOX 888
560 SW 34TH STREET
PALM CITY FL 34990-3604**

**POST OFFICE BOX 888
560 SW 34TH STREET
PALM CITY FL 34990-3604**

55047753

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1738185**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROY, FRANCES J
1119 S W RIO VISTA WAY
PALM CITY FL 34990**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete
NAME **BUSHA, MICHAEL**
STREET ADDRESS **10 PALM CT**
CITY-ST-ZIP **SEWALLS POINT FL 34996**

TITLE **PRESIDENT** ☐ Change ☒ Addition
NAME **MABEL WITHAM**
STREET ADDRESS **1457 N.W. LAKE PLACE**
CITY-ST-ZIP **STUART FL 34994**

TITLE **VPD** ☒ Delete
NAME **CROSBY, THOMAS**
STREET ADDRESS **3355 S.W. QUAIL COVEY AVE**
CITY-ST-ZIP **OKEECHOBEE FL 34974**

TITLE **Vice President** ☐ Change ☒ Addition
NAME **JANE STRONG**
STREET ADDRESS **226 S.E. TRAFALGAR TERRACE**
CITY-ST-ZIP **STUART FL 34994**

TITLE **TD** ☐ Delete
NAME **ROY, FRANCES J**
STREET ADDRESS **POB 528, 1119 S W RIO BI**
CITY-ST-ZIP **PALM CITY FL 34990**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **BUSHA, PAM**
STREET ADDRESS **10 PALM CT**
CITY-ST-ZIP **STUART FL 34996**

TITLE **CLERK** ☐ Change ☒ Addition
NAME **Sue Singleton**
STREET ADDRESS **5456 S.E. 52ND AVE.**
CITY-ST-ZIP **STUART FL 34997**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **FRANCES J. ROY**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-03 772-283-5680
Date Daytime Phone #

CR2037 (10/02)