


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90046 002 ****61.25

DOCUMENT # C10359
1. Entity Name
THE FIRST CONGREGATIONAL CHURCH OF LAKE WORTH



Principal Place of Business Mailing Address
1415 N. K STREET 1415 N. K STREET
LAKE WORTH FL 33460 LAKE WORTH FL 33460

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Zip Country Zip Country

4. FEI Number Applied For
59-0737877 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent
SMITH, LINDA K
1501 NORTH O STREET
LAKE WORTH FL 33460

7. Name and Address of New Registered Agent
Name **Janet Lisle**
Street Address (P.O. Box Number is Not Acceptable) **5949 La Pinata Blvd. D-1**
City **Lake Worth** FL Zip Code **33463**

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: *Janet Lisle* DATE: **3/16/04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

TITLE	P	<input type="checkbox"/> Delete
NAME	RICHMOND, JOHN-DR.	
STREET ADDRESS	533 MUIRFIELD DRIVE	
CITY-ST-ZIP	ATLANTIS FL 33462	
TITLE	T	<input type="checkbox"/> Delete
NAME	LINMAN, ANNE	
STREET ADDRESS	2613 GEORGIA LANE	
CITY-ST-ZIP	LAKE WORTH FL 33460	
TITLE	T	<input type="checkbox"/> Delete
NAME	BURNHAM, SANDRA	
STREET ADDRESS	3250 S. OCEAN BLVD.	
CITY-ST-ZIP	SO. PALM BEACH FL 33480	
TITLE	V	<input type="checkbox"/> Delete
NAME	WILLITS, PAULA	
STREET ADDRESS	192 PALM CIRCLE	
CITY-ST-ZIP	ATLANTIS FL 33462	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	HORTON, ROWLAND F	
STREET ADDRESS	312 DAVIS ROAD	
CITY-ST-ZIP	PALM SPRINGS FL 33461	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Dreisbach	
STREET ADDRESS	5910 Queen Anne Road	
CITY-ST-ZIP	West Palm Beach, FL 33415	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* DATE: **3/25/04** DAYTIME PHONE #: **(561) 967-5446**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR