


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90201 016 ****61.25

DOCUMENT # C10359

1. Entity Name
THE FIRST CONGREGATIONAL CHURCH OF LAKE WORTH



Principal Place of Business Mailing Address

1415 N. K STREET LAKE WORTH FL 33460 **1415 N. K STREET LAKE WORTH FL 33460**

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country

3. Mailing Address Suite, Apt. #, etc. City & State Zip Country



1st MOORE CR2E037 (10/04)

4. FEI Number **59-0737877** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
LISLE, JANET
5949 LA PINATA BLVD D-1
LAKE WORTH FL 33463

7. Name and Address of New Registered Agent
 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2005

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	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHMOND, JOHN DR.	NAME	
STREET ADDRESS	533 MUIRFIELD DRIVE	STREET ADDRESS	
CITY-ST-ZIP	ATLANTIS FL 33462	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINMAN, ANNE	NAME	
STREET ADDRESS	2613 GEORGIA LANE	STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33460	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNHAM, SANDRA	NAME	
STREET ADDRESS	3250 S. OCEAN BLVD.	STREET ADDRESS	
CITY-ST-ZIP	SO. PALM BEACH FL 33480	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLITS, PAULA	NAME	
STREET ADDRESS	182 PALM CIRCLE 275 Sedona Way	STREET ADDRESS	
CITY-ST-ZIP	ATLANTIS FL 33462 Palm Beach Gardens FL 33418	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DREISBACH, ROBERT	NAME	
STREET ADDRESS	5910 QUEEN ANNE ROAD	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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]* President **2/6/05 361-967-3446**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #