

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2006 8:00 am
Secretary of State

04-04-2006 90139 007 ****61.25

DOCUMENT # C10359

1. Entity Name

THE FIRST CONGREGATIONAL CHURCH OF LAKE WORTH



Principal Place of Business

1415 N. K STREET
LAKE WORTH FL 33460

Mailing Address

1415 N. K STREET
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

59-0737877

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/05)



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

Mr. Richard Willits

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

275 SEDONA WAY

City

Palm Beach Gardens FL

Zip Code

33418

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 consulting)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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 NAME ☐ Delete
P RICHMOND, JOHN DR.
STREET ADDRESS 533 MUIRFIELD DRIVE
CITY-ST-ZIP ATLANTIS FL 33462

TITLE NAME ☒ Delete
T LINMAN, ANNE
STREET ADDRESS 2613 GEORGIA LANE
CITY-ST-ZIP LAKE WORTH FL 33460

TITLE NAME ☐ Delete
T BURNHAM, SANDRA
STREET ADDRESS 3250 S. OCEAN BLVD.
CITY-ST-ZIP SO. PALM BEACH FL 33480

TITLE NAME ☐ Delete
V WILLITS, PAULA
STREET ADDRESS 275 SEDONA WAY
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

TITLE NAME ☐ Delete
T DREISBACH, ROBERT
STREET ADDRESS 5910 QUEEN ANNE ROAD
CITY-ST-ZIP WEST PALM BEACH FL 33415

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE NAME ☒ Change ☐ Addition
T Littlefield, Harvey
STREET ADDRESS 34004 Baez Bay
CITY-ST-ZIP Boynton Beach, FL 33436

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Dr. John Richmond - 26-06 964-5926