

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N07065 (8)
1. Corporation Name
**FIRST UNITARIAN CHURCH OF PALM BEACH COUNTY, FLO
RIDA (UNITARIAN-UNIVERSALIST)**



Principal Place of Business Mailing Address
**635 PROSPERITY FARMS RD.
N.PALM BCH. FL 33408** **635 PROSPERITY FARMS RD.
N.PALM BCH. FL 33408**

3. Date Incorporated or Qualified **01/11/1985** 3a. Date of Last Report **05/23/1995**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 Country 29 Zip 30 Country

4. FEI Number **59-6162395** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75 Additional
Fee Required**
6. Election Campaign Financing
Trust Fund Contribution **\$5.00 May Be
Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**WILSON, DICKIE
118D LINDA LANE
PALM BEACH SHORES FL 33404**

10. Name and Address of New Registered Agent
81 Name **Barbara Hatzfeld**
82 Street Address (P.O. Box Number is Not Acceptable)
319 Club Drive
83 **Palm Beach Gardens, FL**
84 City **FL** 85 Zip Code **33410**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Barbara Hatzfeld* *Barbara Hatzfeld* **2/6/96**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	CHAPIN, A B	
STREET ADDRESS	607 PILOT RD	
CITY-ST-ZIP	N PALM BCH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CLEGG, RICK	
STREET ADDRESS	103 SANDPIPER CIRCLE	
CITY-ST-ZIP	JUPITER FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	HORBATT, LAURA	
STREET ADDRESS	8098 BRISTLECONE PLACE	
CITY-ST-ZIP	HOBE SOUND FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	PIDGEON, FREIDA	
STREET ADDRESS	8679 PLUTO TERRACE	
CITY-ST-ZIP	LAKE PARK FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	DULLEGE, FOREST	
STREET ADDRESS	365 MARS AVENUE	
CITY-ST-ZIP	TEQUESTA FL	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	WILSON, DICKIE	
STREET ADDRESS	118D LINDA LANE	
CITY-ST-ZIP	PALM BEACH SHORES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	John Richards	
1.3 STREET ADDRESS	7210 Crystal Lake	
1.4 CITY-ST-ZIP	West Palm Beach, FL	
2.1 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Sharon Smith-Benedict	
2.3 STREET ADDRESS	83 Lake Arbor Drive	
2.4 CITY-ST-ZIP	Palm Springs, FL	
3.1 TITLE	DC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Barbara Hatzfeld	
3.3 STREET ADDRESS	319 Club Drive	
3.4 CITY-ST-ZIP	Palm Beach Gardens, FL	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **2/6/96 407-837-3960**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E037 (12/95)