


FILE NOW: FILING FEE IS \$61.25

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Feb 04 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N07065 (8)**  
1. Corporation Name  
**FIRST UNITARIAN CHURCH OF PALM BEACH COUNTY, FLO  
RIDA (UNITARIAN-UNIVERSALIST)**

Principal Place of Business <b>635 PROSPERITY FARMS RD. N.PALM BCH. FL 33408</b>	Mailing Address <b>635 PROSPERITY FARMS RD. N.PALM BCH. FL 33408-4715</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>01/11/1985</b>	3a. Date of Last Report <b>03/04/1996</b>
4. FEI Number <b>59-6162395</b>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

9. Name and Address of Current Registered Agent <b>HATZFELD, BARBARA 319 CLUB DRIVE PALM BEACH GARDENS FL 33410</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHAPIN, A B</b>	1.2 NAME	
STREET ADDRESS	<b>607 PILOT RD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>N PALM BCH FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CLEGG, RICK</b>	2.2 NAME	
STREET ADDRESS	<b>103 SANDPIPER CIRCLE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JUPITER FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>DT</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RICHARDS, JOHN</b>	3.2 NAME	
STREET ADDRESS	<b>7210 CRYSTAL LAKE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>DT</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH-BENEDICT, SHARON</b>	4.2 NAME	
STREET ADDRESS	<b>83 LAKE ARBOR DRIVE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM SPRINGS FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>DC</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HATZFELD, BARBARA</b>	5.2 NAME	
STREET ADDRESS	<b>319 CLUB DRIVE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>DV</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILSON, DICKIE</b>	6.2 NAME	
STREET ADDRESS	<b>118D LINDA LANE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM BEACH SHORES FL</b>	6.4 CITY-ST-ZIP	

14. I do 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 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, changed, or on an attachment with an address.

SIGNATURE:  **JOHN RICHARDS** 1-21-97 561/683-4181  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0040678

CR2E037 (9/96)