


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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<b>2.</b> Principal Place of Business	<b>2a.</b> Mailing Address
<b>21</b> Suite, Apt. #, etc.	<b>26</b> Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Zip
<b>24</b> Country	<b>29</b> Country
<b>25</b>	<b>30</b>

<b>3.</b> Date Incorporated or Qualified <b>01/11/1985</b>	<b>3a.</b> Date of Last Report <b>03/04/1996</b>
<b>4.</b> FEI Number <b>59-6162395</b>	Applied For <input type="checkbox"/> Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8.</b> 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**

**HATZFELD, BARBARA  
319 CLUB DRIVE  
PALM BEACH GARDENS FL 33410**

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> Zip Code

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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	DT	<input type="checkbox"/> DELETE
NAME	RICHARDS, JOHN	
STREET ADDRESS	7210 CRYSTAL LAKE	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	SMITH-BENEDICT, SHARON	
STREET ADDRESS	83 LAKE ARBOR DRIVE	
CITY-ST-ZIP	PALM SPRINGS FL	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	HATZFELD, BARBARA	
STREET ADDRESS	319 CLUB DRIVE	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	DV	<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	<input 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 does not qualify for the exemption stated in Section 19.07(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: *[Signature]* **NEOJON RICHARDS** 1-21-97 561/683-4181  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0040678

CFR2E037 (9/96)