


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90064 003 ****61.25

0041740

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # N07065

1. Corporation Name
FIRST UNITARIAN CHURCH OF PALM BEACH COUNTY, FLO RIDA (UNITARIAN-UNIVERSALIST)

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



21. Principal Place of Business Suite, Apt. #, etc.	2a. Mailing Address Suite, Apt. #, etc.	3. Date Incorporated or Qualified 01/11/1985
22. City & State	27. City & State	4. FEI Number 59-6162395
23. Zip	28. Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Country	30. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City FL 85. 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: *Barbara S. Hatzfeld* DATE: **1/24/98**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D <input type="checkbox"/> DELETE	NAME: CHAPIN, A B	1.1 TITLE: DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 607 PILOT RD	CITY-ST-ZIP: N PALM BCH FL	1.2 NAME: CHIP CHAPIN	
		1.3 STREET ADDRESS: 5632 LAKE OSBORNE	
		1.4 CITY-ST-ZIP: LAKEWORTH, FL 33461	
TITLE: PD <input checked="" type="checkbox"/> DELETE	NAME: CLEGG, RICK	2.1 TITLE: VICE PRESIDENT -- DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS: 103 SANDPIPER CIRCLE	CITY-ST-ZIP: JUPITER FL	2.2 NAME: CAROL SUAREZ	
		2.3 STREET ADDRESS: 461 SOUTH US HWY 1, APT C-2	
		2.4 CITY-ST-ZIP: JUPITER, FL 33477	
TITLE: DT <input type="checkbox"/> DELETE	NAME: RICHARDS, JOHN	3.1 TITLE:	
STREET ADDRESS: 7210 CRYSTAL LAKE	CITY-ST-ZIP: WEST PALM BEACH FL	3.2 NAME:	
		3.3 STREET ADDRESS:	
		3.4 CITY-ST-ZIP:	
TITLE: AT <input checked="" type="checkbox"/> DELETE	NAME: PAUL DUDEY	4.1 TITLE: ASSISTANT TREASURER -- DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS: 225 E CROTEN AVE #2	CITY-ST-ZIP: LANTANA FL 33462	4.2 NAME: BOB CROWE	
		4.3 STREET ADDRESS: 229 WALTON HEATH	
		4.4 CITY-ST-ZIP: ATLANTIS, FL 33462	
TITLE: DC <input type="checkbox"/> DELETE	NAME: HATZFELD, BARBARA	5.1 TITLE:	
STREET ADDRESS: 319 CLUB DRIVE	CITY-ST-ZIP: PALM BEACH GARDENS FL	5.2 NAME:	
		5.3 STREET ADDRESS:	
		5.4 CITY-ST-ZIP:	
TITLE: VP <input type="checkbox"/> DELETE	NAME: RIC BLACKWELL	6.1 TITLE: PRESIDENT -- DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 6187 WINDING LAKE DR	CITY-ST-ZIP: JUPITER FL 33458	6.2 NAME: RIC BLACKWELL	
		6.3 STREET ADDRESS: 6187 WINDING LAKE DR	
		6.4 CITY-ST-ZIP: JUPITER, FL 33458	

14. 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 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, with all other like empowered.

SIGNATURE: *Barbara S. Hatzfeld* **REASURER** DATE: **1-14-99** PHONE: **561/683-4181**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)