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

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

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<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**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



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 01/11/1985	4. FEI Number 59-6162395	Applied For Not Applicable
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		

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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*

(NOTE: Registered Agent signature required when reinstating)

DATE

1/24/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAPIN, A B	1.2 NAME	CHIP CHAPIN
STREET ADDRESS	607 PILOT RD	1.3 STREET ADDRESS	5632 LAKE OSBORNE
CITY-ST-ZIP	N PALM BCH FL	1.4 CITY-ST-ZIP	LAKEWORTH, FL 33461
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VICE PRESIDENT -- DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLEGG, RICK	2.2 NAME	CAROL SUAREZ
STREET ADDRESS	103 SANDPIPER CIRCLE	2.3 STREET ADDRESS	461 SOUTH US HWY 1, APT C-2
CITY-ST-ZIP	JUPITER FL	2.4 CITY-ST-ZIP	JUPITER, FL 33477
TITLE	DT <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	RICHARDS, JOHN	3.2 NAME	
STREET ADDRESS	7210 CRYSTAL LAKE	3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	3.4 CITY-ST-ZIP	
TITLE	AT <input checked="" type="checkbox"/> DELETE	4.1 TITLE	ASSISTANT TREASURER -- DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAUL DUDEY	4.2 NAME	BOB CROWE
STREET ADDRESS	225 E CROTON AVE #2	4.3 STREET ADDRESS	229 WALTON HEATH
CITY-ST-ZIP	LANTANA FL 33462	4.4 CITY-ST-ZIP	ATLANTIS, FL 33462
TITLE	DC <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	HATZFELD, BARBARA	5.2 NAME	
STREET ADDRESS	319 CLUB DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL	5.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	6.1 TITLE	PRESIDENT -- DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIC BLACKWELL	6.2 NAME	RIC BLACKWELL
STREET ADDRESS	6187 WINDING LAKE DR	6.3 STREET ADDRESS	6187 WINDING LAKE DR
CITY-ST-ZIP	JUPITER FL 33458	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* SIGNATURE REQUIRED TREASURER 1-14-99 561/683-4181

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Time Phone #

CR2E037 (11/98)