

FILED
Apr 17, 2000 8:00 am
Secretary of State

01-24-2000 90072 041 ****61.25

DOCUMENT # NU7065
 1. Entity Name
FIRST UNITARIAN CHURCH OF PALM BEACH COUNTY, FLO

Principal Place of Business 635 PROSPERITY FARMS RD. N.PALM BCH. FL 33409	Mailing Address 635 PROSPERITY FARMS RD. N.PALM BCH. FL 33408-4799
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-6162395	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HATZFELD, BARBARA
319 CLUB DRIVE
PALM BEACH GARDENS FL 33418

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.
 SIGNATURE *Barbara Stutzfeld* DATE **1/9/00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS	
TITLE D	<input type="checkbox"/> Delete CHAPIN, CHIP STREET ADDRESS 5832 LAKE OSBORNE- CITY-ST-ZIP LAKEWORTH FL 33401
TITLE VP	<input type="checkbox"/> Delete SUAREZ, CAROL STREET ADDRESS 4161 S. US HWY. 1, APT. C-2 CITY-ST-ZIP JUPITER FL 33477
TITLE DT	<input checked="" type="checkbox"/> Delete RICHARDS, JOHN STREET ADDRESS 7210 CRYSTAL LAKE CITY-ST-ZIP WEST PALM BEACH FL
TITLE AT	<input checked="" type="checkbox"/> Delete CROWE, BOB STREET ADDRESS 229 WALTON HEATH CITY-ST-ZIP ATLANTIS FL 33462
TITLE BO	<input type="checkbox"/> Delete HATZFELD, BARBARA STREET ADDRESS 319 CLUB DRIVE CITY-ST-ZIP PALM BEACH GARDENS FL
TITLE PD	<input type="checkbox"/> Delete BLACKWELL, RIC STREET ADDRESS 6187 WINDING LAKE DR CITY-ST-ZIP JUPITER FL 33458

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2880 Kingston Drive CITY-ST-ZIP Lantana, FL 33462
TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Jean King STREET ADDRESS 129 Lehane Terrace, Apt 136 CITY-ST-ZIP North Palm Beach, FL 33408
TITLE AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Kimberly Ray STREET ADDRESS 15135 09 Drive North CITY-ST-ZIP Palm Beach Gardens, FL 33418
TITLE DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 33418
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 817, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.
 SIGNATURE: *Barbara Stutzfeld* SIGNATURE REQUIRED *Barbara Stutzfeld* DATE **2/25/00** Daytime Phone # **561-627-6105**

CR2E037 (9/99)