


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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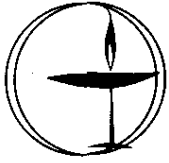
FILED
Jun 04, 2004 8:00 am
Secretary of State

05-17-2004 90008 045 *****61.25

DOCUMENT # N07065 1. Entity Name FIRST UNITARIAN UNIVERSALIST CONGREGATION OF THE PALM BEACHES, INC.					
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 Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-6162395	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent CROWE, ROBERT C 635 PROSPERITY FARMS RD NORTH PALM BEACH, FL 33408					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>					
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating).</small>					
Filing Fee is \$81.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ASHMORE, ROBERT 126 LIGHTHOUSE DR JUPITER, FL 33469 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RICHARDS, BETTY 7210 CRYSTAL LAKE DRIVE WEST PALM BEACH, FL 33411 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRUEN, HENRY 12852 150 COURT N JUPITER, FL 33479 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALLAHAN, JAMES 216 TALL OAKS CIR PALM BCH GARDENS, FL 33410 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	UP REBECCA GEAR 516 OLIVE TREE CIR. W. PALM BEACH FL 33413 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WHITE, GREG 401 EXECUTIVE DR D107 WEST PALM BEACH, FL 33401 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JAMES CALLAHAN 216 TALL OAKS CIR PALM BCH. GARDENS FL 33410 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT. CROWE, ROBERT 1200 MARINE WAY #801 NORTH PALM BEACH, FL 33408 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT MAIR, BUDDUG 531 DATE PALM DR. LAKE PARK, FL 33403 <input type="checkbox"/> Change <input checked="" 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 617, 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: <i>Elizabeth A. Richards</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-22-04 561-627-6105 <small>Date Daytime Phone #</small>		
<i>Betty B. Richards</i>			6-01-04 561-627-6105		

66426595





Interim Minister José Ballester

Attachment
**The First Unitarian
Universalist Congregation
of the Palm Beaches**

635 PROSPERITY FARMS ROAD
NORTH PALM BEACH, FLORIDA 33408-4798
561-627-6105 - Fax: 561-627-3454

66426595
NO 7065
The Rev. Ralph Helverson
Minister/Emeritus

June 1, 2004

Division of Corporations
PO Box 1500
Tallahassee, Florida 32302-1500

Dear Sir:

REF. NO. *NO7065*

You recently returned our annual report to us for correction, indicating that the person signing the report is not listed as an officer. Please note that the person signing the report, Elizabeth Richards, **is an officer and is listed as such** (as Betty (her nickname) Richards. I can understand your confusion. The form has been signed again.

Sincerely,

Kate Roos
Office Administrator