


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2005 08:00 AM
Secretary of State

DOCUMENT # N07065 1. Entity Name FIRST UNITARIAN UNIVERSALIST CONGREGATION OF THE PALM BEACHES, INC.	
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Principal Place of Business 635 PROSPERITY FARMS RD. N.PALM BCH., FL 33408	Mailing Address 635 PROSPERITY FARMS RD. N.PALM BCH., FL 33408
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DO NOT WRITE IN THIS SPACE



01042005 No Chg-NP CR2E037 (10/03)

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

CROWE, ROBERT C
635 PROSPERITY FARMS RD
NORTH PALM BEACH, FL 33408

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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ASHMORE, ROBERT 126 LIGHTHOUSE DR JUPITER, FL 33469
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RICHARDS, BETTY 7210 CRYSTAL LAKE DRIVE WEST PALM BEACH, FL 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRUEN, HENRY 12852 150 COURT N JUPITER, FL 33478
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CALLAHAN, JAMES 216 TALL OAKS CIR PALM BCH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GARY, REBECCA G 516 OLIVE TREE CIR WEST PALM BEACH, FL 33413
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT BUDDUG, MAIR 531 DATE PALM DR WEST PALM BEACH, FL 33403

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01/14/05-80049-004 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: James F. Callahan 1-10-2005 561-627-6105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
JAMES F. CALLAHAN