

**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.**



Principal Place of Business  
**635 PROSPERITY FARMS RD.  
N.PALM BCH., FL 33408**

Mailing Address  
**635 PROSPERITY FARMS RD.  
N.PALM BCH., FL 33408**



01042005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-6162395**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$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**

**DO NOT WRITE  
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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(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

000000181443  
01/14/05-80049-004 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**JAMES F. CALLAHAN**

**1-10-2005 561-627-6105**