

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N07065

1. Entity Name

FIRST UNITARIAN UNIVERSALIST CONGREGATION OF  
THE PALM BEACHES, INC.



Principal Place of Business

635 PROSPERITY FARMS RD.  
NORTH PALM BEACH, FL 33408

Mailing Address

635 PROSPERITY FARMS RD.  
NORTH PALM BEACH, FL 33408

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06032009

REIN-NP

CR2E099 (1/07)

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

GREEN, J. LYNNE  
635 PROSPERITY FARMS RD  
NORTH PALM BEACH, FL 33408

*DELETE*

7. Name and Address of New Registered Agent

Name *ART O'BRIEN*

Street Address (P.O. Box Number is Not Acceptable)

*635 PROSPERITY FARMS RD*

*NORTH PALM BEACH*

City

FL

Zip Code

*33408*

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

*Arthur O'Brien*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

100156994801

06/10/09--01074--010 \*\*306.25

FILE NOW!!! FEE IS \$297.50

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	ASHMORE, ROBERT	
STREET ADDRESS	635 PROSPERITY FARMS RD.	
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	STAUBER, LARRY	
STREET ADDRESS	635 PROSPERITY FARMS RD.	
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408	
TITLE	CLRK	<input checked="" type="checkbox"/> Delete
NAME	SMYTH, TRISH	
STREET ADDRESS	635 PROSPERITY FARMS RD.	
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408	
TITLE	TREA	<input checked="" type="checkbox"/> Delete
NAME	GREEN, J. LYNNE	
STREET ADDRESS	635 PROSPERITY FARMS RD.	
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408	
TITLE	AT	<input type="checkbox"/> Delete
NAME	HATZFELD, BARBARA	
STREET ADDRESS	635 PROSPERITY FARMS RD.	
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408	
TITLE	TR	<input checked="" type="checkbox"/> Delete
NAME	REYNOLDS, WAYNE	
STREET ADDRESS	635 PROSPERITY FARMS RD.	
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CLRK	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANSAY SYVIA	
STREET ADDRESS	635 PROSPERITY FARMS RD	
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IRWIN SAMANTHA	
STREET ADDRESS	635 PROSPERITY FARMS RD	
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408	
TITLE	TREA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARTHUR O'BRIEN	
STREET ADDRESS	635 PROSPERITY FARMS RD	
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REYNOLDS WAYNE	
STREET ADDRESS	635 PROSPERITY FARMS RD	
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

*Arthur O'Brien*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 4, 2009

Date

(561) 627 6105

Daytime Phone #

REINSTATEMENT

RH

FILED

09 JUN -9 AM 6:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

