



# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N07065</b> 1. Entity Name <b>FIRST UNITARIAN UNIVERSALIST CONGREGATION OF THE PALM BEACHES, INC.</b>				<div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">FILED</div> <div style="font-size: 18px; margin-bottom: 10px;">09 JUN -9 AM 6:41</div> <div style="font-size: 14px;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business <b>635 PROSPERITY FARMS RD. NORTH PALM BEACH, FL 33408</b>		Mailing Address <b>635 PROSPERITY FARMS RD. NORTH PALM BEACH, FL 33408</b>			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		06032009 REIN-NP CR2E099 (1/07)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>59-6162395</b>	
City & State		City & State		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
<b>GREEN, J. LYNNE</b> <b>635 PROSPERITY FARMS RD</b> <b>NORTH PALM BEACH, FL 33408</b>		Name <b>ARTHUR O'BRIEN</b> Street Address (P.O. Box Number is Not Acceptable) <b>635 PROSPERITY FARMS RD</b> <b>NORTH PALM BEACH</b> City <b>FL</b> Zip Code <b>33408</b>			
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 <i>Arthur O'Brien</i>		100156994801		06/10/09--01074--010 **306.25	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
<b>FILE NOW!!! FEE IS \$297.50</b>			Make check payable to <b>Florida Department of State</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ASHMORE, ROBERT 635 PROSPERITY FARMS RD. NORTH PALM BEACH, FL 33408	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CLRK ANSAY SYVIA 635 PROSPERITY FARMS RD NORTH PALM BEACH, FL 33408	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STAUBER, LARRY 635 PROSPERITY FARMS RD. NORTH PALM BEACH, FL 33408	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP IRWIN SAMANTHA 635 PROSPERITY FARMS RD NORTH PALM BEACH, FL 33408	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CLRK SMYTH, TRISH 635 PROSPERITY FARMS RD. NORTH PALM BEACH, FL 33408	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA ARTHUR O'BRIEN 635 PROSPERITY FARMS RD NORTH PALM BEACH, FL 33408	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA GREEN, J. LYNNE 635 PROSPERITY FARMS RD. NORTH PALM BEACH, FL 33408	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REYNOLDS WAYNE 635 PROSPERITY FARMS RD NORTH PALM BEACH, FL 33408	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT HATZFELD, BARBARA 635 PROSPERITY FARMS RD. NORTH PALM BEACH, FL 33408	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100156994801 06/10/09--01074--010 **306.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR REYNOLDS, WAYNE 635 PROSPERITY FARMS RD. NORTH PALM BEACH, FL 33408	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>REINSTATEMENT RH</b>	
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: <i>Arthur O'Brien</i>			Date <i>June 4, 2009</i> (561) 627 6105		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		