FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR -2 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N08073 (1)

1. Corporation Name

FIRST UNITED CHURCH OF CHRIST OF JUPITER, FLORIDA, CORPORATION

Principal Place of Business	Mailing Address
1475 INDIAN CREEK PKWY. (33458) JUPITER FL 33458	1475 INDIAN CREEK PKWY. (33458) JUPITER FL 33458

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/11/1985
3a. Date of Last Report: 01/24/1994
4. FEI Number: 59-2500182 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) Country (30)

9. Name and Address of Current Registered Agent

KAISER-CROSS, DAVID
10326 N. 158TH ST
JUPITER FL 33478

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 13		
TITLE	P	1.1 TITLE	P	☐ Change ☑ Addition
NAME	VRECHEK, NANCY	1.2 NAME	MR. PATRICK RICE	
STREET ADDRESS	19165 GULFSTREAM DRIVE	1.3 STREET ADDRESS	6725 VIEWPOINT DR	
CITY-ST-ZIP	TEQUESTA FL	1.4 CITY-ST-ZIP	JUPITER FL 33458	
TITLE	S	2.1 TITLE	S	☐ Change ☑ Addition
NAME	WILLIAMS, CAROL	2.2 NAME	LYNN C HATFIELD	
STREET ADDRESS	6548 WINDING LAKE ROAD	2.3 STREET ADDRESS	161 GOLFVIEW DR	
CITY-ST-ZIP	JUPITER FL	2.4 CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE	T	3.1 TITLE	D	☑ Change ☐ Addition
NAME	DRAPER, JON	3.2 NAME	JON DRAPER	
STREET ADDRESS	6850 IMPERIAL WOODS ROAD	3.3 STREET ADDRESS	6850 IMPERIAL WOODS RD	
CITY-ST-ZIP	JUPITER FL	3.4 CITY-ST-ZIP	JUPITER FL 33458	
TITLE	D	4.1 TITLE	D	☐ Change ☑ Addition
NAME	HILL, LEN	4.2 NAME	JOHN ZIMMS	
STREET ADDRESS	6561 WOODLOCK CT.	4.3 STREET ADDRESS	10 OAK RIDGE LANE	
CITY-ST-ZIP	JUPITER FL	4.4 CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE	D	5.1 TITLE	D	☐ Change ☑ Addition
NAME	FLUSSER, LEANNE	5.2 NAME	BETTY PATTISON	
STREET ADDRESS	144 GULFSTREAM DRIVE	5.3 STREET ADDRESS	18906 MISTY LAKE DR	
CITY-ST-ZIP	TEQUESTA FL	5.4 CITY-ST-ZIP	JUPITER FL 33458	
TITLE	D	6.1 TITLE		☐ Change ☑ Addition
NAME	KUEBLER, BARBARA	6.2 NAME	WILLIAM BOHLKE	
STREET ADDRESS	16085 112TH DRIVE N	6.3 STREET ADDRESS	5788 SENEGAL DR	
CITY-ST-ZIP	JUPITER FL	6.4 CITY-ST-ZIP	JUPITER FL 33458	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ WILLIAM BOHLKE 2/27/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date)

Division Form #

0000085