

**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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 13 AM 11:07

DOCUMENT # **N17526** (7)  
1. Corporation Name  
**FIRST UNITED PRESBYTERIAN CHURCH OF TEQUESTA FOUNDATION, INC.**

Principal Place of Business Mailing Address  
**482 TEQUESTA DRIVE** **482 TEQUESTA DRIVE**  
**TEQUESTA FL 33469** **TEQUESTA FL 33469**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/27/1986** 3a. Date of Last Report **04/14/1994**  
4. FEI Number **58-7075051** 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 601(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 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent  
**SHAFFER, C. PATRICK**  
**482 TEQUESTA DR.**  
**TEQUESTA FL 33469**

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

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ARNTZEN, C. E.
STREET ADDRESS	5923 TIDEWATER DRIVE
CITY-ST-ZIP	JUPITER FL
TITLE	VD
NAME	VON ZABERN, CHRISTINE MRS
STREET ADDRESS	292 RIVER DR
CITY-ST-ZIP	TEQUESTA FL
TITLE	STD
NAME	BROWN, DORIS
STREET ADDRESS	19980 JASMINE DR
CITY-ST-ZIP	JUPITER FL
TITLE	D
NAME	SHAFFER, C. PATRICK
STREET ADDRESS	482 TEQUESTA DR.
CITY-ST-ZIP	TEQUESTA FL
TITLE	D
NAME	HOUSEHOLDER, GERALD D
STREET ADDRESS	10459 S.E. TERRAPIN PL #201
CITY-ST-ZIP	TEQUESTA FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addit.
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	<b>33458-3925</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addit.
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<b>33469-1936</b>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addit.
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	<b>33469-2187</b>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addit.
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	<b>33469</b>
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addit.
5.2 NAME	<b>D MOTE, BILL</b>
5.3 STREET ADDRESS	<b>123 PEGASUS DRIVE</b>
5.4 CITY-ST-ZIP	<b>JUPITER, FL 33477-7317</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit.
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Doris L. Brown Sec/Treas.* **DORIS L. BROWN Sec/Treas.** Date: **3-6-95** Daytona Phone #: **407 746 4333**