

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N17526 (7)**

1. Corporation Name  
**FIRST UNITED PRESBYTERIAN CHURCH OF TEQUESTA FOU  
NDATION, INC.**



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

3. Date Incorporated or Qualified      3a. Date of Last Report  
**10/27/1986**      **03/13/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		<b>58-7075051</b>		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28		24		25	
Zip		Country		Zip		Country	
24		25		29		30	

**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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

**SIGNATURE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ARNTZEN, C. E.</b>	1.2 NAME	
STREET ADDRESS	<b>5923 TIDEWATER DRIVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JUPITER FL</b>	1.4 CITY-ST-ZIP	<b>ZIP 33458-3925</b>
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VON ZABERN, CHRISTINE MRS</b>	2.2 NAME	<b>VD RIPPE, JILL</b>
STREET ADDRESS	<b>292 RIVER DR</b>	2.3 STREET ADDRESS	<b>218 FAIRWAY W.</b>
CITY-ST-ZIP	<b>TEQUESTA FL</b>	2.4 CITY-ST-ZIP	<b>TEQUESTA, FL 33469-1917</b>
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROWN, DORIS</b>	3.2 NAME	
STREET ADDRESS	<b>19980 JASMINE DR</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JUPITER FL</b>	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHAFFER, C. PATRICK</b>	4.2 NAME	
STREET ADDRESS	<b>482 TEQUESTA DR.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TEQUESTA FL</b>	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOTE, BILL</b>	5.2 NAME	<b>D HERSEY, DONALD</b>
STREET ADDRESS	<b>123 PEGASUS DRIVE</b>	5.3 STREET ADDRESS	<b>128 PEGASUS DR.</b>
CITY-ST-ZIP	<b>JUPITER FL</b>	5.4 CITY-ST-ZIP	<b>JUPITER, FL 33477</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 617, 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 Secretary*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER/DIRECTOR

*1-29-96*  
Date

*746-5161*  
*746-4333*  
Daytime Phone #

CFR2E037 (12/95)