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**Feb 18 1997 8:00am
Secretary of State**

**NONPROFIT CORPORATION
ANNUAL REPORT
1997**



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 FOUNDATION, INC.



Principal Place of Business: **482 TEQUESTA DRIVE TEQUESTA FL 33469**
Mailing Address: **482 TEQUESTA DRIVE TEQUESTA FL 33469-2586**

3. Date Incorporated or Qualified: **10/27/1986**
3a. Date of Last Report: **02/01/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		58-7075051		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
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					
Zip		Country		29		30	
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: _____ (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	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARNTZEN, C. E.	12 NAME	
STREET ADDRESS	5923 TIDEWATER DRIVE	13 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL 33468	14 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIPPE, JILL	22 NAME	
STREET ADDRESS	218 FAIRWAY WEST	23 STREET ADDRESS	
CITY-ST-ZIP	TEQUESTA FL	24 CITY-ST-ZIP	
TITLE	STD <input checked="" type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, DORIS	32 NAME	
STREET ADDRESS	19980 JASMINE DR	33 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL	34 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAFFER, C. PATRICK	42 NAME	
STREET ADDRESS	482 TEQUESTA DR.	43 STREET ADDRESS	
CITY-ST-ZIP	TEQUESTA FL	44 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERSEY, DONALD	52 NAME	HERSEY, DONALD
STREET ADDRESS	128 PEGASUS DRIVE	53 STREET ADDRESS	128 PEGASUS DR
CITY-ST-ZIP	JUPITER FL	54 CITY-ST-ZIP	JUPITER, FL 33477
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		62 NAME	HOLTON, JOHN
STREET ADDRESS		63 STREET ADDRESS	50 BEACH RD
CITY-ST-ZIP		64 CITY-ST-ZIP	TEQUESTA, FL 33469

14. I do hereby certify that the information supplied with this filing 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: *[Signature]* **DONALD D. HERSEY** 2/10/97 575-6792
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0044340

CR2E037 (9/96)