

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2004 8:00 am**  
**Secretary of State**

04-07-2004 90014 007 \*\*\*\*61.25

**DOCUMENT # N17526**

1. Entity 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**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

04022004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**58-7075051**

Applied For  
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**SHAFFER, C. PATRICK  
 482 TEQUESTA DR.  
 TEQUESTA, FL 33469**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 *C. Patrick Shaffer*

4/5/04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
 Due by May 1, 2004

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make check payable to  
 Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUNNINGHAM, LAURA 232 LONGSHORE DRIVE JUPITER, FL 33458	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAFFER, C. PATRICK 482 TEQUESTA DR. TEQUESTA, FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOWMAN, DARI 19148 PINE TREE DRIVE TEQUESTA, FL 33469	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WOOD, WILLIAM S 4 EAST RIVERSIDE DRIVE TEQUESTA, FL 33469	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ANSEHUTZ, RICHARD H 500 OCEAN DRIVE, APT W-110 JUNO BEACH, FL 33408	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BARRY, MICHAEL 340 S. US HWY NORTH, UNIT 502 JUPITER, FL 33477	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Michael Barry 482 Tequesta Drive Tequesta, FL 33469	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President John Holton 482 Tequesta Drive Tequesta, FL 33469	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Marilyn Note 482 Tequesta Drive Tequesta, FL 33469	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Tom Monroe 482 Tequesta Dr. Tequesta, FL 33469	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I 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 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: *C. Patrick Shaffer*

4/5/04

561-746-5161

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #