

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07065

**FILED**  
**Apr 23, 2013**  
**Secretary of State**  
**CC5246758371**

**Entity Name:** FIRST UNITARIAN UNIVERSALIST CONGREGATION OF THE PALM BEACHES, INC.

**Current Principal Place of Business:**

635 PROSPERITY FARMS RD.  
NORTH PALM BEACH, FL 33408

**Current Mailing Address:**

635 PROSPERITY FARMS RD.  
NORTH PALM BEACH, FL 33408

**FEI Number: 59-6162395**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

MEYER, JAMES  
635 PROSPERITY FARMS RD  
NORTH PALM BEACH, FL 33408 US

*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.*

SIGNATURE: JAMES MEYER

04/23/2013

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PRES  
Name CAMPBELL, CHARI  
Address 635 PROSPERITY FARMS RD.  
City-State-Zip: NORTH PALM BEACH FL 33408

Title V P  
Name ELLA, PAM  
Address 635 PROSPERITY FARMS RD.  
City-State-Zip: NORTH PALM BEACH FL 33408

Title TREA  
Name MEYER, JAMES  
Address 635 PROSPERITY FARMS RD.  
City-State-Zip: NORTH PALM BEACH FL 33408

Title CLRK  
Name WISE, GERALDINE  
Address 635 PROSPERITY FARMS RD.  
City-State-Zip: NORTH PALM BEACH FL 33408

Title TRUS  
Name RICHARDS, BETTY  
Address 635 PROSPERITY FARMS RD.  
City-State-Zip: NORTH PALM BEACH FL 33408

Title TRUS  
Name HUBER, BONNIE  
Address 635 PROSPERITY FARMS ROAD  
City-State-Zip: NORTH PALM BEACH FL 33408

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

SIGNATURE: JAMES MEYER

TREA

04/23/2013

Electronic Signature of Signing Officer/Director Detail

Date