

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07065

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

**FILED**  
**Jan 27, 2023**  
**Secretary of State**  
**1314570259CC**

**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:**

SCHLUTER, SUZANNE  
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: SUZANNE SCHLUTER**

**01/27/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title VP  
Name REYNOLDS, MARY  
Address 635 PROSPERITY FARMS RD.  
City-State-Zip: NORTH PALM BEACH FL 33408

Title TREASURER  
Name SCHLUTER, SUZANNE (ACTING)  
Address 635 PROSPERITY FARMS RD.  
City-State-Zip: NORTH PALM BEACH FL 33408

Title SECRETARY  
Name KESSLER, RHONDA  
Address 635 PROSPERITY FARMS RD.  
City-State-Zip: NORTH PALM BEACH FL 33408

Title TRUSTEE  
Name GRUEN, EVANGELINE  
Address 635 PROSPERITY FARMS RD.  
City-State-Zip: NORTH PALM BEACH FL 33408

Title TRUSTEE  
Name KOOS, PETER  
Address 635 PROSPERITY FARMS RD.  
City-State-Zip: NORTH PALM BEACH FL 33408

Title TRUSTEE  
Name JUHL, CHRIS  
Address 635 PROSPERITY FARMS RD.  
City-State-Zip: NORTH PALM BEACH FL 33408

Title TRUSTEE  
Name CONWAY, COLEEN  
Address 635 PROSPERITY FARMS RD.  
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: SUZANNE SCHLUTER**

**PRESIDENT**

**01/27/2023**

Electronic Signature of Signing Officer/Director Detail

Date