FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 24 AM 11:33

DOCUMENT # 703168 (5)

1. Corporation Name
UNITARIAN FELLOWSHIP OF SOUTH FLORIDA, INC.

Principal Place of Business
1812 ROOSEVELT STREET
HOLLYWOOD FL 33020

Mailing Address
1812 ROOSEVELT STREET
HOLLYWOOD FL 33020

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/10/1961
3a. Date of Last Report: 03/10/1994
4. FEI Number: 65-0096663 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
VAN DYK, GRACE
8400 PASADENA BLVD.
PEMBROKE PINES FL 33024

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Grace J van Dyk — Feb. 18, 1995
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	TITLE	
NAME	KLUCKOWSKI, ED	NAME	
STREET ADDRESS	4920 SW 101 AVE	STREET ADDRESS	
CITY-ST-ZIP	COOPER CITY FL	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	MARSHALL, PAM	NAME	
STREET ADDRESS	2280 NO 56 AVE	STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	TRUBIC, JANIS	NAME	
STREET ADDRESS	121 NE 2 AVE	STREET ADDRESS	
CITY-ST-ZIP	DANIA FL	CITY-ST-ZIP	
TITLE	S	TITLE	SD
NAME	~~SLOAN, EDITH~~	NAME	MATR ELENA BUDDUG
STREET ADDRESS	~~1714 MAYO STR~~	STREET ADDRESS	1945 JACKSON STREET
CITY-ST-ZIP	~~HOLLYWOOD FL~~	CITY-ST-ZIP	HOLLYWOOD, FL. 33020
TITLE	TD	TITLE	
NAME	VAN DYK, GRACE	NAME	
STREET ADDRESS	8440 PASADENA BLVD.	STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	CITY-ST-ZIP	
TITLE	D	TITLE	D
NAME	~~WILDGRUBE DON~~	NAME	MANNY SNULL
STREET ADDRESS	~~121 NE 2 AVE~~	STREET ADDRESS	1701 NE 191 ST. # 413
CITY-ST-ZIP	~~DANIA FL~~	CITY-ST-ZIP	N. MIAMI BEACH, FL. 33179

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (1: ☐ Change ☐ Addition; 2: ☐ Change ☐ Addition; 3: ☐ Change ☐ Addition; 4: ☑ Change ☐ Addition; 5: ☐ Change ☐ Addition; 6: ☑ Change ☐ Addition)

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: Grace J van Dyk — Feb 18, '95 — 305-432-5728
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #