FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # 703168 (5)

1. Corporation Name

UNITARIAN FELLOWSHIP OF SOUTH FLORIDA, INC.

Principal Place of Business	Mailing Address
1812 ROOSEVELT STREET HOLLYWOOD FL 33020	1812 ROOSEVELT STREET HOLLYWOOD FL 33020

3. Date Incorporated or Qualified: 11/10/1961

3a. Date of Last Report: 02/24/1995

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

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

4. FEI Number: 65-0096663 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 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 617.0505, Florida Statutes.

SIGNATURE: Grace Ivan Dyk — March 15, '96 (DATE)
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	KLUCKOWSKI, ED		1.2 NAME		
STREET ADDRESS	4920 SW 101 AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	COOPER CITY FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE	D	☐ Change ☑ Addition
NAME	MARSHALL, PAM		2.2 NAME	SHANNIB KALLAS	
STREET ADDRESS	2280 NO 56 AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL		2.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	3.1 TITLE	D	☐ Change ☑ Addition
NAME	TRUBIC, JANIS		3.2 NAME	BETTY MILLER	
STREET ADDRESS	121 NE 2 AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	DANIA FL		3.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE	SD VP	☑ Change ☐ Addition
NAME	BUDDUG, MAIR ELENA		4.2 NAME	BUDDUG, MAIR ELENA	
STREET ADDRESS	1945 JACKSON STREET		4.3 STREET ADDRESS	1945 JACKSON STREET	
CITY-ST-ZIP	HOLLYWOOD FL		4.4 CITY-ST-ZIP	Hollywood FL	
TITLE	TD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	VAN DYK, GRACE		5.2 NAME		
STREET ADDRESS	8440 PASADENA BLVD.		5.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL		5.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SHULL, MANNY		6.2 NAME		
STREET ADDRESS	1701 NE 191ST STREET #413		6.3 STREET ADDRESS		
CITY-ST-ZIP	N MIAMI BEACH FL		6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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 Ivan Dyk — 8/15/96 — 954-432-5728
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

GRACE IVAN DYK