

FILE NOW. FILING FEE IS \$01.20

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 709794
 1. Corporation Name
MANATEE UNITARIAN-UNIVERSALIST FELLOWSHIP, INC.

Principal Place of Business 322 15 STREET WEST BRADENTON FL 34205	Mailing Address 322 15 STREET WEST BRADENTON FL 34205
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/21/1965
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2307451
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

8. Name and Address of Current Registered Agent
**CALLAHAN, JOHN C.
 7224 25TH DRIVE W
 BRADENTON FL 34209**

10. Name and Address of New Registered Agent

81 Name James Lane
82 Street Address (P.O. Box Number is Not Acceptable) 284 Sherwood Drive
83 Wildewood Springs
84 City Bradenton
85 Zip Code FL 34210

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 617.0502, Florida Statutes.

SIGNATURE: James Lane DATE: 3/21/99

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CALLAHAN, JOHN C.	
STREET ADDRESS	7224 25TH DRIVE W	
CITY-ST-ZIP	BRADENTON FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	KENT, MARY R	
STREET ADDRESS	6501 17TH AVE WEST, L207	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ROELL, LESLIE	
STREET ADDRESS	5939 TODD STREET, D-31	
CITY-ST-ZIP	BRADENTON FL 34207	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MILLS, DIANA	
STREET ADDRESS	2819 SAFFOLD RD	
CITY-ST-ZIP	WIMALUMA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BALL, ROBERT	
STREET ADDRESS	204 3RD STREET WEST, #204	
CITY-ST-ZIP	BRADENTON FL 34205	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HALL, JUNE B	
STREET ADDRESS	5902 29TH AVENUE WEST	
CITY-ST-ZIP	BRADENTON FL 34209	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Carol Bartz	
1.3 STREET ADDRESS	230 59th St. West	
1.4 CITY-ST-ZIP	Bradenton, FL 34209	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Irene Steger	
4.3 STREET ADDRESS	3730 Pinebrook Cir. #208	
4.4 CITY-ST-ZIP	Bradenton, FL 34209	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE: JUNE B. HALL DATE: 2/3/99 (611) 794-5443

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