


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2004 8:00 am
Secretary of State

07-19-2004 90014 006 ****61.25

DOCUMENT # 709794					
1. Entity 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 34205-5017			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2307451	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HAYES, WILLIAM S 2308 PALMA SOLA BLVD BRADENTON, FL 34209			Name <i>Rebecca Smith</i>		
			Street Address (P.O. Box Number is Not Acceptable) <i>1309 64th St W</i>		
			City <i>Bradenton</i>		
			FL Zip Code <i>34209</i>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Rebecca R. Smith</i>			DATE <i>7-7-04</i>		
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating)		
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLARK, WILLIAM		NAME	<i>Rebecca Smith</i>	
STREET ADDRESS	5204 2ND AVE DR NW		STREET ADDRESS	<i>1309 64th St W</i>	
CITY-ST-ZIP	BRADENTON, FL 34209		CITY-ST-ZIP	<i>Bradenton FL 34209</i>	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAYES, WILLIAM		NAME	<i>Edgar Harel</i>	
STREET ADDRESS	2308 PALMA SOLA BLVD		STREET ADDRESS	<i>830 Gladiolus</i>	
CITY-ST-ZIP	BRADENTON, FL 34209		CITY-ST-ZIP	<i>Anna Maria FL 34216</i>	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVIS, AL		NAME	<i>Jane Thompson</i>	
STREET ADDRESS	6460 MOURNING DOVE DR # 505		STREET ADDRESS	<i>2215 Sunset Dr # E-1</i>	
CITY-ST-ZIP	BRADENTON, FL 34210		CITY-ST-ZIP	<i>Bradenton FL 34207</i>	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, REBECCA		NAME	<i>Susan Thomson</i>	
STREET ADDRESS	4706 DUNDEE DR		STREET ADDRESS	<i>10419 Waterbird Way</i>	
CITY-ST-ZIP	BRADENTON, FL 34210		CITY-ST-ZIP	<i>Bradenton FL 34209</i>	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OSBORNE, MARJORIE P		NAME	<i>William Raliffon</i>	
STREET ADDRESS	620 57TH AVE W # H-8		STREET ADDRESS	<i>3602 W 57th St # D-6</i>	
CITY-ST-ZIP	BRADENTON, FL 34207		CITY-ST-ZIP	<i>Bradenton FL 34209</i>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARTZ, CAROL		NAME	<i>Roger Smith</i>	
STREET ADDRESS	6208 7TH AVE DR WEST		STREET ADDRESS	<i>6801 11th Ave W</i>	
CITY-ST-ZIP	BRADENTON, FL 34209		CITY-ST-ZIP	<i>Bradenton FL 34209</i>	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Rebecca R. Smith</i>			SIGNATURE: <i>Rebecca R. Smith</i>		
Signature and typed or printed name of signing officer or director			Date		
			Daytime Phone #		
			<i>7-7-04 941-795-8095</i>		

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