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 # 710694 (1)

1. Corporation Name

UNITARIAN-UNIVERSALIST CHURCH OF ST. PETERSBURG, FLORIDA

Principal Place of Business	Mailing Address
FLORIDA 719 ARLINGTON AVENUE. NORTH ST. PETERSBURG FL 33701	FLORIDA 719 ARLINGTON AVENUE. NORTH ST. PETERSBURG FL 33701

3. Date Incorporated or Qualified: 04/11/1966
3a. Date of Last Report: 01/26/1995

2. Principal Place of Business — 21
2a. Mailing Address — 26

Suite, Apt. #, etc. — 22 / 27

City & State — 23 / 28

Zip — 24 / 29 — Country — 25 / 30

4. FEI Number: 59-0895916 ☐ 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

ARMIDA, ALEXANDER R
719 ARLINGTON AVE NO.
ST PETERSBURG FL 33701

10. Name and Address of New Registered Agent

81 Name: Rev. Dee Graham
82 Street Address (P.O. Box Number is Not Acceptable): 719 Arlington Ave. No.
83
84 City: St. Petersburg FL 85 Zip Code: 33701

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 617.0503, Florida Statutes.

SIGNATURE: Rev. Dee Graham — 2/13/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HUBBARD, JOHN 719 ARLINGTON AVE NR ST PETERSBURG FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition P Donner, Gwen 719 Arlington Ave. No St. Petersburg, FL
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T STOWE, WINIFRED 8698 10TH ST. NO. ST PETERSBURG, FL 00000	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DONNER, PAUL 719 ARLINGTON AVE. NO ST PETERSBURG, FL 00000	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition D Powell, John 719 Arlington Ae. No. St. Petersburg, FL
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WENZEL, LOUISE 1 KEY CAPRI #601E ST PETERSBURG FL	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition D Post, David 6019 21 Ave No St. Petersburg, FL 33710
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D REED, THELMA 4697 48 AVE N ST PETERSBURG FL	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition D Damouny, Bette 866 16th Ave No St. Petersburg, FL 33704
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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: Winifred W. Stowe Treasurer — 2-17-96 — (813) 898-3294
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #