


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**FILED**  
**Jul 19, 1999 8:00 am**  
**Secretary of State**

07-19-1999 90004 050 \*\*\*\*61.25

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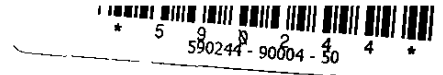
**NONPROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 710694** ✓  
 1. Corporation Name  
**UNITARIAN-UNIVERSALIST CHURCH OF ST. PETERSBURG, FLORIDA**

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



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	04/11/1966
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-0895916
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired
24	29	<input type="checkbox"/> \$8.75 Additional Fee Required
	30	6. Election Campaign Financing
		<input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GRAHAM, REV. DEE 719 ARLINGTON AVENUE NORTH ST. PETERSBURG FL 33701	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	85 Zip Code
	FL

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	Pres. Rade Radosevich
NAME	GOLDHAMMER, PETER	1.2 NAME	
STREET ADDRESS	2487 W BAY ISLE DR, SE	1.3 STREET ADDRESS	6495 3rd Ave S
CITY-ST-ZIP	ST. PETERSBURG FL 33705	1.4 CITY-ST-ZIP	St Petersburg, FL 33707
TITLE	T	2.1 TITLE	V.P. Janet Deane
NAME	STOWE, WINIFRED	2.2 NAME	
STREET ADDRESS	8698 10TH ST. NO.	2.3 STREET ADDRESS	6289 28th Terrace N
CITY-ST-ZIP	ST PETERSBURG, FL 00000	2.4 CITY-ST-ZIP	St Petersburg, FL 33710
TITLE	D	3.1 TITLE	Treas Alexandra Bolton
NAME	POWELL, JOHN	3.2 NAME	
STREET ADDRESS	719 ARLINGTON AVENUE NORTH	3.3 STREET ADDRESS	2615 DeSoto Way S
CITY-ST-ZIP	ST. PETERSBURG FL	3.4 CITY-ST-ZIP	St Petersburg, FL 33712
TITLE	D	4.1 TITLE	Dir. Lisa Dalton
NAME	CAIRL, LOIS	4.2 NAME	
STREET ADDRESS	265 MATEO WAY, NE	4.3 STREET ADDRESS	504 Poinsettia Rd
CITY-ST-ZIP	ST PETERSBURG FL 33707	4.4 CITY-ST-ZIP	Bellaire, FL
TITLE	D	5.1 TITLE	
NAME	DAVOSEVICH, RADE	5.2 NAME	
STREET ADDRESS	6495 3RD AVE, S	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33707	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Alexandra Bolton 7/1/99 (727)  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/99)