2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State
01-23-2004 90041 029 ****61.25

DOCUMENT # 710694

1. Entity 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

01132004 Chg-NP CR2E037 (10/03)

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 59-0895916 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROWELL, BARBARA M 719 ARLINGTON AVENUE NORTH ST. PETERSBURG, FL 33701	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P BURTON, GREGORY 237 13TH AVENUE NE SAINT PETERSBURG, FL 33701	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V WEEKS, SANDRA 9209 SEMINOLE BLVD #177 SEMINOLE, FL 33772	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP P	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T PENNY, LAUREN R 9209 SEMINOLE BLVD #177 SEMINOLE, FL 33772	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOLTON, ALEXANDRA 2615 DESOTO WAY SOUTH SAINT PETERSBURG, FL 33712	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	X CARVILLE, SALLY 4055 SUNRISE DR SAINT PETERSBURG, FL 33705	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP V	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~POWELL (D)~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP J Powell (D) 920 MYAKKA COURT NE St. Petersburg, FL 33702	☐ Change ☒ Addition

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: Laura C. Long 1-15-04 727-398-4360
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #