

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90233 030 ****61.25

DOCUMENT # 710694 1. Entity 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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-0895916	
				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 <i>Barbara M. Rowell</i> Signature, typed or printed name of registered agent and title if applicable.			DATE <i>4/29/2006</i> (NOTE: Registered Agent signature required when reinstating)		
Filing Fee is \$61.25 Due by May 1, 2006		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	D	☒ Delete	TITLE	D	☒ Change ☐ Addition
NAME	WEEKS, SANDRA		NAME	COALE, DAVIS	
STREET ADDRESS	9209 SEMINOLE BLVD #177		STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE, FL 33772		CITY-ST-ZIP		
TITLE	T	☒ Delete	TITLE	T	☒ Change ☐ Addition
NAME	PENNY, LAUREN R		NAME	ALEX BAXTON-SCHULTES	
STREET ADDRESS	9209 SEMINOLE BLVD #177		STREET ADDRESS	2615 DE SOTO WAY S	
CITY-ST-ZIP	SEMINOLE, FL 33772		CITY-ST-ZIP	ST. PETERSBURG, FL 33712	
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	FILZ, BETSY		NAME		
STREET ADDRESS	130 EAST BAY DR		STREET ADDRESS		
CITY-ST-ZIP	TREASURE ISLAND, FL 33706		CITY-ST-ZIP		
TITLE	P	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	CARVILLE, SALLY		NAME	Sally Carville	
STREET ADDRESS	4055 SUNRISE DR		STREET ADDRESS	2583 34th Ave N	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33705		CITY-ST-ZIP	St Petersburg, FL 33713	
TITLE	V	☒ Delete	TITLE	D	☒ Change ☐ Addition
NAME	POWELL, J		NAME	OST, DIANA	
STREET ADDRESS	920 MYAKKA COURT NE		STREET ADDRESS	4401 24th AVE N	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33702		CITY-ST-ZIP	ST. PETERSBURG, FL 33713	
TITLE	D	☒ Delete	TITLE	D	☒ Change ☐ Addition
NAME	MOODY, MICHELLE		NAME	CRAIG, REGINALD	
STREET ADDRESS	4534 45TH AVE N		STREET ADDRESS	4930 29th AVE N	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33713		CITY-ST-ZIP	ST. PETERSBURG, FL 33710	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>Sally Carville</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE <i>04/29/06</i> Date		
			Daytime Phone #		