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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Linda B. Mumford
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 751094 (4)

CLEARWATER UNITARIAN-UNIVERSALIST CHURCH FOUNDATION, INC.

Principal Place of Business: 2470 NURSERY ROAD CLEARWATER FL 34624-2720
Mailing Address: 2470 NURSERY ROAD CLEARWATER FL 34624-2720

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/19/1980	3a. Date of Last Report 05/01/1994
4. FEI Number 59-2085249	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under the Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State	28. City & State
24. Zip	29. Zip
25. Quantity	30. Quantity

9. Name and Address of Current Registered Agent CHASE, FREDERICK JR. 1530 MAPLE ST CLEARWATER FL 34615		10. Name and Address of New Registered Agent	
81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83.	84. City
		85. State	86. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: _____ (Date) _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD CHASE, FREDERICK J 1530 MAPLE ST CLEARWATER FL	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDIE, VIVIAN E. 80 YAWL LN. PALM HARBOR FL	12. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	WINNER, HAROLD 8142 NORWOOD RD LARGO FL	13. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP	HEGNER, SUSAN M. 1702 N. OSCEOLA AVENUE CLEARWATER, FL 00000	14. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		15. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		16. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		17. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP		18. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		19. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		20. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		21. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP		22. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 110.07(2)(B), Florida Statutes. I further certify that the information included 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. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 117, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or in an attachment with an address.

SIGNATURE: *[Signature]* 4/27/95 (813) 527-9434
SIGNATURE AND VERIFIED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR