


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90092 047 ****61.25

DOCUMENT # N39383

1. Entity Name
UNITARIAN-UNIVERSALIST FELLOWSHIP OF BAY COUNTY, INC.



Principal Place of Business
**1900 W 11TH STREET
@ FLOWER AVENUE
PANAMA CITY FL 32401
US**

Mailing Address
**PO BOX 15038
PANAMA CITY FL 32406
US**

2. Principal Place of Business
14 10 AIRPORT ROAD

3. Mailing Address
PO BOX 15038

Suite, Apt. #, etc.

City & State
PANAMA CITY FLA

City & State
PANAMA CITY FLA

Zip
32400

Country
BAY

Zip
32406

Country
BAY

4. FEI Number **NOT APPLICABLE**

Applied For
 Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**KEITH, MARY MRS
2119 WESTOVER CIR
PANAMA CITY FL 32405**

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW: FEE IS \$61.25

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 **PD** Delete

NAME **KEITH, MARY MRS**

STREET ADDRESS **2119 WESTOVER CIR**

CITY-ST-ZIP **PANAMA CITY FL 32405**

TITLE Change Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE **VD** Delete

NAME **KELLOGG, CHERYL MRS**

STREET ADDRESS **105 N COVE TERR**

CITY-ST-ZIP **PANAMA CITY FL 32401**

TITLE Change Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE **TD** Delete

NAME **CRONIN, DANIEL**

STREET ADDRESS **3540 TOKEN RD**

CITY-ST-ZIP **PANAMA CITY FL 32405**

TITLE **D** Change Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE **SD** Delete

NAME **WILEY, CONNIE MRS**

STREET ADDRESS **2716 EAGLE DR TAFB**

CITY-ST-ZIP **PANAMA CITY FL 32403**

TITLE **S/D** Change Addition

NAME **TEISCIERO, SUSAN MS**

STREET ADDRESS **561 EDEN DRIVE**

CITY-ST-ZIP **SANTA ROSA BEACH FL 32459**

TITLE Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE **T/D** Change Addition

NAME **SIZEMORE, KEN**

STREET ADDRESS **1054 WEST 11TH COURT**

CITY-ST-ZIP **PANAMA CITY FL 32401**

TITLE Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE **D** Change Addition

NAME **MYERS, HARRIETT MS**

STREET ADDRESS **815 COLORADO AVE**

CITY-ST-ZIP **LYNN HAVEN FL 32444-1984**

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: *Harriett E Myers* **REQUIRE** **HARRIETT E MYERS APRIL 14, 2003 265-0628** (850)

CR2E037 (10/02)

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UNIFORM BUSINESS REPORT

90087004

ATTACHMENT

N39383

11. 0

D

THIEME, MARY, MS
220 ALLEN AVE
PANAMA CITY FL 32401