

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 27 PM 3:19

DOCUMENT # N42175 (2)

1. Corporation Name

UNITARIAN UNIVERSALIST UNITED FELLOWSHIP, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/13/1991	3a. Date of Last Report 03/25/1994
4. FEI Number 59-3070063	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

Principal Place of Business		Mailing Address	
MICHAEL S. DAVIS ROOM 210, 175-5TH STREET NORTH ST. PETERSBURG FL 33701		MICHAEL S. DAVIS ROOM 210, 175-5TH STREET NORTH ST. PETERSBURG FL 33701	
2. Principal Place of Business	2a. Mailing Address	21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.	22	27
City & State	City & State	23	28
Zip	Country	24	30
25	29		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
DAVIS, MICHAEL S. ROOM 210 175 5TH STREET NORTH ST. PETERSBURG FL 33701		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 City 84 Zip Code	
		ST. PETERSBURG FL 33705	

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD FOLEY, THOM 9160 54 ST N PINELLAS PARK FL	1.1 TITLE	PD DAVIS, MICHAEL S ROOM 210 175 5TH ST N ST PETERSBURG FL
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	VD KELLER, PAT 10900 DEL PRADIO DR E. LARGO FL	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	D FRASER, JOHN 8974 LAKE SEMINOLE DR. E LARGO FL	3.1 TITLE	P FOLEY, THOM 9160 54 ST N PINELLAS PARK, FL
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	T EVANS, MARGARET D. 7328 4 AVE N. ST. PETERSBURG FL	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	SD HARPER, JEFFREY 330 73RD ST N ST. PETERSBURG FL	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	D DAVIS, MICHAEL S ROOM 210 175 5TH ST N ST. PETERSBURG FL	6.1 TITLE	D MOYERS, ANN 17408 GULF BLVD REDINGTON SHORES, FL 33708
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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(3)(k), Florida Statutes. I further certify 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

TELEPHONE