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NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # N42175

(2)

UNITARIAN UNIVERSALIST UNITED FELLOWSHIP, INC.

			7.77778.41.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4		
Principal Place of Business Mailing Address				1 4001(10) D(1 D)3(0 11901 110) 13001	AINI AIBLE BIAIS AIANI AIANI AIANI AIANE
% MICHAEL S. DAVIS ROOM 210. 175-5TH STREET NORTH ST. PETERSBURG FL 33701		% MICHAEL S. DAVIS ROOM 210, 175-5TH STRE ST. PETERSBURG FL 3370		Date Incorporated or Qualified	3a. Date of Last Report
				02/13/1991	02/27/1995
_ /	ace of Business 20 WELSH CAUSEWAYE	2a. Mailing Address 26 MICHAEL S	, DAVIS	4. FEI Number 59-3070063	Applied For Not Applicable
Suite, Apt. (121 / 100 00 1 .	AVE So.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	ETGRSBURG, 1-1-	City & State 28 ST FEAGURE BY	eg, FL	Election Campaign Financing Trust Fund Contribution	S \$5.00 May Be Added to Fees
Zip 337.			O NELLAS		Yes 💢 No
	9. Name and Address of Current	Registered Agent	·	10. Name and Address of New Re	gistered Agent
81 Name DA				JAVIS, MICHAELS	
DAVIS, MICHAEL S. 82 Street Address				ddress (P.O. Box Number is Not Acceptable	<u>*</u>
				146 GUTH AVE.	South
173 3111 STREET HONTH					
SI. PEI	ERSBURG FL 33705		84 City	T PETERSBURG	85 Zip Code
11 Pursuant t	to the provisions of Spotions 617 0502 a	ad 617 1508 Florida Statutos		poration submits this statement for the purp	FL 35/05
or register	ed agent, or both, in the State of Florida th, and accept the obligations of, Section	 Such change was authorized I 	by the corporation's bo	pard of directors. Thereby accept the appoi	ntment as registered agent. I am
SIGNATURE _	Signature, typed or printed name of registered agent an	ulato taoshabba (NOTE)	Registered Agent signature requ	and almost a section	DAIL
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
THILE	PD	DELETE	·	A - · · · · · · · · · · · · · · · · · ·	
NAME	DAVIS, MICHAEL S	_	1.2 NAME	CRENE MILLER 1000 - 49 ST N 1000 FREESSURE, FL 3	
STREET ADDRESS	ROOM 210 175 5TH ST. N		1.3 STREET ADDRESS	000 - 49 ST N. 2	2-110
CITY-ST-ZIP	ST. PETERSBURG FL		1.4 CITY - ST - ZIP	of Petersule, his	3/10
TITLE	VD	DELETE	2 1 TIFLE		☐ Change ☐ Addition
NAME	KELLER, PAT		2.2 NAME		
STREET ADDRESS	10999 DEL PRADIO DR E.		2 3 STREET ADDRESS		
CITY ST-ZIP	LARGO FL		2 4 CITY - ST - ZIP		
TITLE	D	DELETE	3 1 TIFLE		Change Addition
NAME	FOLEY, THOM		3.2 NAME		
STHEET ADDRESS	9160 54 ST N		3 3 STREET ADDRESS		
CITY-ST-ZIP	PINELLAS PARK FL		3 4 CITY-ST-ZIP		
TITLE	T	DELETE	4 1 TILLE	DANIC MICHAEL ST.	Change Addition
NAME	EVANS, MARGARET D.		4. 2 NAME J	DAVIS, MICHAEL S. 746-69TH AVE, SO: ST PETERS BUZG, FL 3:	
STREET ADDRESS	7326 4 AVE N.		4.3 STREET ADDRESS	5- Bosps 0. 20 11 3	3705
CITY - ST - ZIP	ST. PETERBURG FL	S OCI CTE			
THILE	SD	DELETE	5.1 TITLE		Change Addition
NAME CERSEL APPRICA	HARPER, JEFFREY		5 2 NAME	PAVIS, CAROL	
STREET ADDRESS	330 73RD ST N		5.3 STREFT ADDRESS	146 69 AVE SO ST PETERSBURG FL	33705
CITY-ST-ZIP	ST. PETERSBURG FL	DELETE		ni letensemà i e :	
TITLE	DAVIO MICHAEL C	□\\raceleter \text{\tint{\text{\tint{\text{\text{\text{\text{\text{\tint{\text{\text{\text{\text{\text{\text{\tint{\text{\text{\ti}\text{\texi}\text{\tex	61 TITLE	A 1 mar (A 115)	Change X Addition
NAME	DAVIS, MICHAEL S		6 2 NAME	MYERS ANN BLUD #	1504
STREET ADDRESS	ROOM 210 175 5TH ST N			redination shores, s	L 33708
CITY-ST-ZIP	ST. PETERSBURG FL	th this filing is voluntarily furnishe		y for the exemption stated in Section 119.0	
Apart 6, the	t the information indicated on this are of	ar and ming is voluntarily lufflists	so and does not quality	y for the exemption stated in section 119.0	r topry, monda otatutes. Hurtitel

certify that the information indicated 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; 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 en an attachment with an address.

SIGNATURE:

TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

3/07/96 (813)861-7807 Dayonia Phona #

CR2E037 (12/95)