## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

N94000004581 (4)

## URANTIA ASSOCIATION OF FLORIDA CORPORATION

3817 GATEWOOD DRIVE
SARASOTA FL 34232
116

Principal Place of Business

Mailing Address

**FILED** Jan 30 1997 8:00am Secretary of State



3817 GATEWOOD DRIVE 3817 GATEWOOD SARASOTA FL 34232 SARASOTA FL 3								
US		US			3. Date Incorporated or Qualified 09/12/1994	3a. Date of Last Repo 02/27/1996	жl	
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	Applie	ed For	
21 3817 GATEWOOD DRIVE 26 3817 GATEWOO				DRIV	<b>59-3238898</b>	<u> </u>	pplicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.   22 27			······································		5. Certificate of Status Desired	\$8.75 Addi	itional	
City & State	9	City & State			6. Election Campaign Financing	\$5.00 Mar		
23 SARASOTA FL 28 SARASOTA, FL			FL.		Trust Fund Contribution	Added to F		
Zip	Country	Zip 29 3 4232 3	Counti	RASOTA	8. This corporation has liability for i			
24 342		A Florida Statutes Yes 🖸 No						
	9, Name and Address of Currer	nt Registered Agent		11 61	10. Name and Address of New Re	gistered Agent		
			8	1 Name				
	AN, RICHARD		8	2 Street Add	dress (P.O. Box Number is Not Acceptab	ile)		
	ATEWOOD DRIVE		8:			·		
SARASC	)TA FL 34232		8	3				
			8	1 City		FL 85 Zip Cod	le	
office or re agent. I as SIGNATURE	to the provisions of Sections 617, Used egistered agent, or both, in the State of familiar with, and accept the oblig what was a support of the state of agestine agent of the state of of the	of Florida, Such change was au atons of, Section 617,0503, Flori )	ithorized t ida Statuti	by the corpora es.	rporation submits this statement for the pation's board of directors. I hereby accepulied when reinstands	ourpose of changing its report the appointment as region DATE	gistered	
12.	OFFICERS AN		13.	<b>J</b>	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN	N 12	
TITLE	PD	☐ DELETE	1.1 TITLE				Addition	
NAME	BRINKMAN, RICHARD		1.2 NAM6	1				
STREET ADDRESS	3817 GATEWOOD DRIVE		1.3 STREI	T ADDRESS				
CITY-ST-ZIP	SARASOTA FL 34232		1.4 CITY	ST- ZIP			]:	
TITLE	· •		2.1 TITLE			☐ Change ☐	Addition 1	
NAME	**************************************		2.2 NAME				Ì	
STREET ADDRESS	2215 SW 14TH AVE #61		2.3 STREE	ET ADDRESS				
CITY-ST-ZIP			2. 4 CITY					
TITLE	· · · · · · · · · · · · · · · · · · ·		3.1 TITLE	1		Change	_ Addition	
NAME	HOGG, JOAN		3.2 NAME	- 1				
STREET ADDRESS	808 GULF BLVD			T ADDRESS				
CITY-ST-ZIP TITLE	INDIAN ROCKS BEACH FL			- ST - ZIP		Change	Addition	
NAME	BEAUNOR, MARY	[] bitti	4.1 TITLE 4.2 NAM	i		Change	_ ROULIUI	
STREET ADDRESS	1100 PATERSON DRIVE			t :1 ADDRESS				
CITY-ST-ZIP	SARASOTA FL 34234		4.3 STNE					
TITLE	GHINOSIA (C GIZO)	DELETE 5.1 TI				Change _	Addition	
NAME		-	5.2 NAME			<u> </u>		
STREET ADDRESS				T ADDRESS			}	
CITY-ST-ZIP			5.4 CITY					
TITLE		☐ DELETE	6 1 TITLE			☐ Change ☐	Addition	
NAME			62 NAME				1	
STREET ADDRESS			63 STREE	T ADDRESS				
CITY-ST-ZIP			64 CITY-	ST - ZIP			}	

I do 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 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 op a attachment with an assess.