

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 10 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 710694 (1)

1. Corporation Name

UNITARIAN-UNIVERSALIST CHURCH OF ST. PETERSBURG,
FLORIDA

Principal Place of Business

Mailing Address

FLORIDA
719 ARLINGTON AVENUE, NORTH
ST. PETERSBURG FL 33701FLORIDA
719 ARLINGTON AVENUE, NORTH
ST. PETERSBURG FL 33701-36213. Date Incorporated or Qualified
04/11/19663a. Date of Last Report
02/22/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

59-0895916

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRAHAM, REV. DEE
719 ARLINGTON AVENUE NORTH
ST. PETERSBURG FL 33701

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Rev. Dee Graham, Minister

2/2/97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME DONNER, GWEN
STREET ADDRESS 719 ARLINGTON AVENUE NORTH
CITY-ST-ZIP ST. PETERSBURG FL

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition

TITLE T
NAME STOWE, WINIFRED
STREET ADDRESS 8698 10TH ST. NO.
CITY-ST-ZIP ST PETERSBURG, FL 00000

DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

TITLE D
NAME POWELL, JOHN
STREET ADDRESS 719 ARLINGTON AVENUE NORTH
CITY-ST-ZIP ST. PETERSBURG FL

DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

TITLE D
NAME POST, DAVID
STREET ADDRESS 8019 21 AVENUE NORTH
CITY-ST-ZIP ST. PETERSBURG FL

DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

TITLE D
NAME DAMOUNY, BETTE
STREET ADDRESS 866 16TH AVENUE NORTH
CITY-ST-ZIP ST. PETERSBURG FL

DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

14. 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gwen Donner, Pres

Date

Daytime Phone # 0049806

CR2E037 (9/96)