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Apr 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N42175** (2)
1. Corporation Name
UNITARIAN UNIVERSALIST UNITED FELLOWSHIP, INC.



Principal Place of Business 4720 WELCH CAUSEWAY E. ST. PETERSBURG FL 33743 US	Mailing Address % MICHAEL S. DAVIS 746 69TH AVE S ST. PETERSBURG FL 33705-6248 US
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3. Date Incorporated or Qualified 02/13/1991	3a. Date of Last Report 03/14/1996
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2. Principal Place of Business 21 7701 BOCA CIEGA BLVD Suite, Apt. #, etc. 22 COMMUNITY CENTER City & State 23 ST. PETE BEACH, FL Zip 24 33706 Country 25 PINELLAS	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	4. FEI Number 59-3070063 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent DAVIS, MICHAEL S. 746 69TH AVE. SOUTH ST. PETERSBURG FL 33705	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PRESIDENT (PD)
NAME	MILLER, IRENE	1.2 NAME	KELLER, PAT
STREET ADDRESS	1000-49TH ST N	1.3 STREET ADDRESS	10999 DEL PRADIO DR E.
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	LARGO FL 33774
TITLE	VD	2.1 TITLE	VICE PRESIDENT (VD)
NAME	KELLER, PAT	2.2 NAME	MYERS, ANN
STREET ADDRESS	10999 DEL PRADIO DR E.	2.3 STREET ADDRESS	17408 GULF BLVD #1504
CITY-ST-ZIP	LARGO FL	2.4 CITY-ST-ZIP	REDINGTON SHORES, FL 33708
TITLE	D	3.1 TITLE	
NAME	FOLEY, THOM	3.2 NAME	
STREET ADDRESS	9160 54 ST N	3.3 STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	D
NAME	DAVIS, MICHAEL S	4.2 NAME	WEINER, LEON
STREET ADDRESS	746-69TH AVE S	4.3 STREET ADDRESS	6079 SHORE BLVD #301
CITY-ST-ZIP	ST. PETERBURG FL	4.4 CITY-ST-ZIP	GULF PORT, FL 33709
TITLE	S	5.1 TITLE	D
NAME	DAVIS, CAROL	5.2 NAME	MILLER, IRENE
STREET ADDRESS	759-69TH AVE S	5.3 STREET ADDRESS	1000-49TH STN.
CITY-ST-ZIP	ST. PETERSBURG FL	5.4 CITY-ST-ZIP	ST. PETERSBURG, FL
TITLE	D	6.1 TITLE	
NAME	MYERS, ANN	6.2 NAME	
STREET ADDRESS	17408 GULF BLVD #1504	6.3 STREET ADDRESS	
CITY-ST-ZIP	REDINGTON SHORES FL	6.4 CITY-ST-ZIP	

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: **Patricia K. Keller (PATRICIA K. KELLER)** 4-11-97 (813) 595-6728
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0050146

CR2E037 (9/96)