

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N42175

(2)

1. Corporation Name

UNITARIAN UNIVERSALIST UNITED FELLOWSHIP, INC.



Principal Place of Business

Mailing Address

7701 BOCA CIEGA BLVD
COMMUNITY CENTER
ST PETERSBURG BEACH FL 33706
US

% MICHAEL S. DAVIS
746 69TH AVE S
ST. PETERSBURG FL 33705
US

3. Date Incorporated or Qualified

02/13/1991

4. FEI Number

59-3070063

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 5721 CENTRAL AVENUE

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27 City & State

23 ST PETERSBURG, FL

28

Zip

Country

Zip

Country

24 33710

25 US

29

30

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAVIS, MICHAEL S.
746 69TH AVE. SOUTH
ST. PETERSBURG FL 33705

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

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 D ☐ DELETE

NAME MILLER, IRENE
STREET ADDRESS 1000-49TH ST N
CITY-ST-ZIP ST. PETERSBURG FL

1.1 TITLE ☐ Change ☐ Addition

TITLE PD ☒ DELETE

NAME KELLER, PAT
STREET ADDRESS 10000 DEL PRADIO DR E.
CITY-ST-ZIP LARGO FL 33774

2.1 TITLE PD ☐ Change ☒ Addition

TITLE D ☐ DELETE

NAME FOLEY, THOM
STREET ADDRESS 9100 54 ST N
CITY-ST-ZIP PINELLAS PARK FL

2.2 NAME MARGARET EVANS
2.3 STREET ADDRESS 7326 4 AVEN
2.4 CITY-ST-ZIP ST PETERSBURG, FL 33710

TITLE D ☐ DELETE

NAME WEINER, LEON
STREET ADDRESS 6076 SHORE BLVD #301
CITY-ST-ZIP GULFPORT FL 33707

3.1 TITLE VP ☒ Change ☐ Addition

TITLE VP ☒ DELETE

NAME MYERS, ANN
STREET ADDRESS 17406 GULF BLVD #1504
CITY-ST-ZIP REDINGTON SHORES FL 33708

3.2 NAME JEFFREY HARPER
3.3 STREET ADDRESS 330 73 ST N
3.4 CITY-ST-ZIP ST PETERSBURG, FL 33710

TITLE D ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

14. I 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:

Margaret Evans
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/23/98

Date

(813) 347-4266

Daytime Phone #

0008917

CR2E037 (5/98)