


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State

02-10-2005 90044 001 ****61.25

DOCUMENT # 710694	
1. Entity Name UNITARIAN-UNIVERSALIST CHURCH OF ST. PETERSBURG, FLORIDA	

Principal Place of Business FLORIDA 719 ARLINGTON AVENUE, NORTH ST. PETERSBURG, FL 33701	Mailing Address FLORIDA 719 ARLINGTON AVENUE, NORTH ST. PETERSBURG, FL 33701
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01252005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-0895916	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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8. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ROWELL, BARBARA M 719 ARLINGTON AVENUE NORTH ST. PETERSBURG, FL 33701		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating.) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	P WEEKS, SANDRA 9209 SEMINOLE BLVD #177 SEMINOLE, FL 33772 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	T PENNY, LAUREN R 9209 SEMINOLE BLVD #177 SEMINOLE, FL 33772 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D <input checked="" type="checkbox"/> Delete BOLTON, ALEXANDRA 2615 DESOTO WAY SOUTH SAINT PETERSBURG, FL 33712	TITLE NAME STREET ADDRESS CITY-ST- ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition BETSY FILZ 130 EAST BAY DR TREASURE ISLAND, FL 33706
TITLE NAME STREET ADDRESS CITY-ST- ZIP	V <input type="checkbox"/> Delete CARVILLE, SALLY 4055 SUNRISE DR SAINT PETERSBURG, FL 33705	TITLE NAME STREET ADDRESS CITY-ST- ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D <input type="checkbox"/> Delete POWELL, J 920 MYAKKA COURT NE SAINT PETERSBURG, FL 33702	TITLE NAME STREET ADDRESS CITY-ST- ZIP	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MICHELLE MOOPY 4534 4TH. AVE. N. ST. PETERSBURG FL 33713

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Laura R. Perry 2-7-05 727-399-1733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone