

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90143 037 \*\*\*\*61.25

<b>DOCUMENT # 710694</b>					
<b>1. Entity Name</b> UNITARIAN-UNIVERSALIST CHURCH OF ST. PETERSBURG, FLORIDA					
<b>Principal Place of Business</b> FLORIDA 719 ARLINGTON AVENUE, NORTH ST. PETERSBURG, FL 33701			<b>Mailing Address</b> FLORIDA 719 ARLINGTON AVENUE, NORTH ST. PETERSBURG, FL 33701		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 59-0895916	
Zip		Country		Applied For Not Applicable	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  ROWELL, BARBARA M 719 ARLINGTON AVENUE NORTH ST. PETERSBURG, FL 33701				<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> P <b>NAME</b> COALE, DAVIS <b>STREET ADDRESS</b> 9209 SEMINOLE BLVD #177 <b>CITY-ST-ZIP</b> SEMINOLE, FL 33772	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> President <b>NAME</b> Margie Manning <b>STREET ADDRESS</b> 4400 36th Ave N. <b>CITY-ST-ZIP</b> St. Petersburg, FL 33713-1118	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> T <b>NAME</b> BOLTON-SCHULTES, ALEX <b>STREET ADDRESS</b> 2615 DESOTO WAY S <b>CITY-ST-ZIP</b> SAINT PETERSBURG, FL 33712	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> Treasurer <b>NAME</b> Sally Carville <b>STREET ADDRESS</b> 2583 34th Ave N. <b>CITY-ST-ZIP</b> St. Petersburg FL 33713-1744	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> FILZ, BETSY <b>STREET ADDRESS</b> 130 EAST BAY DR <b>CITY-ST-ZIP</b> TREASURE ISLAND, FL 33706	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> Director <b>NAME</b> Davis Coale <b>STREET ADDRESS</b> 111 26th Ave NE <b>CITY-ST-ZIP</b> St. Petersburg, FL 33704-3463	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> CARVILLE, SALLY <b>STREET ADDRESS</b> 2583 34TH AVE N <b>CITY-ST-ZIP</b> SAINT PETERSBURG, FL 33713	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> Director <b>NAME</b> Pamela Dillon <b>STREET ADDRESS</b> 231 Lamara Way NE <b>CITY-ST-ZIP</b> St. Petersburg, FL 33704-3755	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> HARSHBARGER, CHARLES <b>STREET ADDRESS</b> 5623 80TH ST N #415 <b>CITY-ST-ZIP</b> SAINT PETERSBURG, FL 33709	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> Director <b>NAME</b> Laurason Clement <b>STREET ADDRESS</b> 106 1st St. E. #111 <b>CITY-ST-ZIP</b> Tierra Verde, FL 33715-1785	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> CRAIG, REGINALD <b>STREET ADDRESS</b> 4930 29TH AVE N <b>CITY-ST-ZIP</b> SAINT PETERSBURG, FL 33710	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.</b>					
<b>SIGNATURE:</b> <i>W. Davis Coale</i>			4/22/08 727-898-8038		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		