

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710694

Entity Name: UNITARIAN-UNIVERSALIST CHURCH OF ST. PETERSBURG,
FLORIDA**FILED**
Feb 06, 2013
Secretary of State
CC2758048618**Current Principal Place of Business:**FLORIDA
719 ARLINGTON AVENUE, NORTH
ST. PETERSBURG, FL 33701**Current Mailing Address:**FLORIDA
719 ARLINGTON AVENUE, NORTH
ST. PETERSBURG, FL 33701**FEI Number: 59-0895916****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**ROWELL, BARBARA M
719 ARLINGTON AVENUE NORTH
ST. PETERSBURG, FL 33701 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	BURTON, GREG
Address	1025 16TH AVENUE NORTH
City-State-Zip:	SAINT PETERSBURG FL 33704-4125

Title	T
Name	MANNING, MARGIE
Address	4400 36TH AVE N
City-State-Zip:	SAINT PETERSBURG FL 33713-1118

Title	D
Name	CLEMENT, LAWRASON
Address	106 1ST ST E # 111
City-State-Zip:	TIERRA VERDE FL 33715-1785

Title	DIRECTOR
Name	MITCHELL, ERIC
Address	4254 BURLINGTON AVE. N.
City-State-Zip:	ST. PETERSBURG FL 33713-8228

Title	DIRECTOR
Name	O'HARA, IAN
Address	2001 53RD AVE S
City-State-Zip:	ST. PETERSBURG FL 33707-4933

Title	DIRECTOR
Name	SKRZYPEK, DANI
Address	6051 3RD AVE. S.
City-State-Zip:	ST. PETERSBURG FL 33707-1605

Title	OTHER
Name	SCHULTES, PETER
Address	2615 DESOTO WAY S.
City-State-Zip:	ST. PETERSBURG FL 33712-4149

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PETER SCHULTES**ADMINISTRATOR****02/06/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date