

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 710694

**FILED**  
**Apr 06, 2021**  
**Secretary of State**  
**7593398115CC**

**Entity Name:** UNITARIAN-UNIVERSALIST CHURCH OF ST. PETERSBURG,  
FLORIDA

**Current Principal Place of Business:**

719 ARLINGTON AVENUE N  
ST PETERSBURG, FL 33701

**Current Mailing Address:**

719 ARLINGTON AVENUE N  
ST PETERSBURG, FL 33701 US

**FEI Number: 59-0895916**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CRAIG, PAUL  
719 ARLINGTON AVENUE N  
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: PAUL CRAIG

04/06/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           PRESIDENT  
Name           BURNORE, SUSAN  
Address        719 ARLINGTON AVENUE N  
City-State-Zip: ST PETERSBURG FL 33701

Title           PASTOR  
Name           DONOVAN, JACK  
Address        719 ARLINGTON AVENUE N  
City-State-Zip: ST PETERSBURG FL 33701

Title           TREASURER  
Name           CRAIG, PAUL  
Address        719 ARLINGTON AVENUE N  
City-State-Zip: ST PETERSBURG FL 33701

Title           DIRECTOR  
Name           WINTERS, SHARON  
Address        719 ARLINGTON AVENUE N  
City-State-Zip: ST PETERSBURG FL 33701

Title           DIRECTOR  
Name           WHITE, KAREN  
Address        719 ARLINGTON AVENUE N  
City-State-Zip: ST PETERSBURG FL 33701

Title           DIRECTOR  
Name           PATTERSON, CYNTHIA  
Address        719 ARLINGTON AVENUE N  
City-State-Zip: ST PETERSBURG FL 33701

*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: PAUL CRAIG

TREASURER

04/06/2021

Electronic Signature of Signing Officer/Director Detail

Date