

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42175

Entity Name: UNITARIAN UNIVERSALIST UNITED FELLOWSHIP, INC.**Current Principal Place of Business:**5721 CENTRAL AVE
ST PETERSBURG, FL 33710**Current Mailing Address:**PO BOX 40311
SAINT PETERSBURG, FL 33743 US**FEI Number: 59-3060063****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**EVANS, MARGARET D
7326 4TH AVE N
SAINT PETERSBURG, FL 33710 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	DIRECTOR
Name	VANCIL, JAMES
Address	PO BOX 530391
City-State-Zip:	SAINT PETERSBURG FL 33747

Title	D
Name	BURNS, JOAN
Address	6650 BOUGAINVILLE AVE S
City-State-Zip:	SAINT PETERSBURG FL 33707

Title	PD
Name	DAVIS, MICHAEL S
Address	5721 CENTRAL AVE
City-State-Zip:	ST PETERSBURG FL 33710

Title	D
Name	EVANS, MARGARET
Address	7326 4TH AVE N
City-State-Zip:	ST PETERSBURG FL 33710

Title	D
Name	HARSHBARGER, CHARLES
Address	5623 80TH ST N #415
City-State-Zip:	ST PETERSBURG FL 33709

Title	T
Name	HARPER, FRANCES
Address	330 73RD STREET NORTH
City-State-Zip:	SAINT PETERSBURG FL 33710

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: MARGARET D EVANS**DIRECTOR****02/23/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date