

**2020 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	EVANS, MARGARET
Address	7326 4TH AVE N
City-State-Zip:	ST PETERSBURG FL 33710

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

Title	DIRECTOR
Name	COLLETTE, ROBERT
Address	7400 SUN ISLAND DR S #401
City-State-Zip:	SOUTH PASADENA FL 33707

Title	DIRECTOR
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

  

Title	DIRECTOR, PRESIDENT
Name	TERRENCE, DONNA
Address	2985 61ST AVE S
City-State-Zip:	ST PETERSBURG, FL 33712

*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**REGISTERED AGENT****01/21/2020**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date