### 2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42175

Entity Name: UNITARIAN UNIVERSALIST UNITED FELLOWSHIP, INC.

**FILED** Jun 10, 2013 **Secretary of State** CC2042603168

# **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 | Title | D |
|--------|----------|-------|---|
| i itio | DIRECTOR | 1100  |   |

VANCIL, JAMES **EVANS, MARGARET** Name Name PO BOX 530391 7326 4TH AVE N Address Address

City-State-Zip: ST PETERSBURG FL 33710 SAINT PETERSBURG FL 33747 City-State-Zip:

Title D Title PD

Name HARSHBARGER, CHARLES Name BURNS, JOAN Address 5623 80TH ST N #415 Address 6650 BOUGAINVILLA AVE S ST PETERSBURG FL 33709 City-State-Zip: City-State-Zip: SAINT PETERSBURG FL 33707

Title Title SD

Name HARPER, FRANCES FOLEY, THOM Name

Address 330 73RD STREET NORTH 9160 54TH ST NO Address

City-State-Zip: SAINT PETERSBURG FL 33710 PINELLAS PARK FL 33782 City-State-Zip:

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

Electronic Signature of Signing Officer/Director Detail

DIRECTOR

06/10/2013