

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90043 039 ****61.25

DOCUMENT # 700368

1. Entity Name
THE UNITARIAN UNIVERSALIST CHURCH OF TAMPA,
INCORPORATED



Principal Place of Business
11400 MORRIS BRIDGE ROAD
TAMPA, FL 33637-1902

Mailing Address
11400 MORRIS BRIDGE ROAD
TAMPA, FL 33637-1902

40010000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

02082007 Chg-NP CR2E037 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-2928193

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TAUDIE, TEMPIE R
13103 N OREGON AVE
TAMPA, FL 33612

Name STEVENS, DIANA

Street Address (P.O. Box Number is Not Acceptable)
522 LANTERN CIRCLE

City TEMPLE TERRACE

FL

Zip Code 33617

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Diana Stevens

Board President

2-11-07

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	TAUDIE, TEMPIE R	
STREET ADDRESS	13103 N OREGON AVE	
CITY-ST-ZIP	TAMPA, FL 33612	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	STEVENS, DIANA	
STREET ADDRESS	1523 VANDERVORT RD	
CITY-ST-ZIP	LUTZ, FL 33549	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BLYMILLER, BILL	
STREET ADDRESS	6220 SOARINE AVE	
CITY-ST-ZIP	TAMPA, FL 33617	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BENEDICT, HORACE E	
STREET ADDRESS	4007 BOATMAN AVE.	
CITY-ST-ZIP	TAMPA, FL 33627	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVENS, DIANA	
STREET ADDRESS	522 LANTERN CIRCLE	
CITY-ST-ZIP	TEMPLE TERRACE, FL 33617	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLYMILLER, BILL	
STREET ADDRESS	6220 SOARINE AVE	
CITY-ST-ZIP	TEMPLE TERRACE, FL 33617	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAUDIE, TEMPIE R	
STREET ADDRESS	13103 N. OREGON AVE	
CITY-ST-ZIP	TAMPA, FL 33612	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Diana Stevens

Board President

2-11-07