

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **701729** (6)

1. Corporation Name

**THE UNITARIAN UNIVERSALIST CHURCH OF CLEARWATER,
FLORIDA, INC.**



Principal Place of Business

Mailing Address

**2470 NURSERY RD
CLEARWATER FL 34624**

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CLEARWATER FL 34624**

3. Date Incorporated or Qualified

11/28/1960

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-0995436

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BURCIAGA, JOHN REV.
243 LOS PRADOS DRIVE
SAFETY HARBOR FL 34695**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☒ DELETE
NAME **TAYLOR, ELLA**
STREET ADDRESS **2054 MCMULLEN RD**
CITY - ST - ZIP **LARGO FL**

1.1 TITLE **PRESIDENT ELECT** ☒ Change ☒ Addition
1.2 NAME **MARILYN OBERLE**
1.3 STREET ADDRESS **2011 GULF BLVD. #1B**
1.4 CITY - ST - ZIP **Indian Rocks Beach, FL 34635**

TITLE **P** ☐ DELETE
NAME **KERWIN, HELEN**
STREET ADDRESS **A-1173 GRANADA ST**
CITY - ST - ZIP **CLEARWATER FL**

2.1 TITLE **D** ☐ Change ☒ Addition
2.2 NAME **O'NEAL JACOBS**
2.3 STREET ADDRESS **2007 Ripon Dr.**
2.4 CITY - ST - ZIP **Clearwater, FL 34624**

TITLE **D** ☐ DELETE
NAME **BRANDT, MARK**
STREET ADDRESS **13 EAGLE LANE**
CITY - ST - ZIP **PALM HARBOR FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE **T** ☐ DELETE
NAME **DAHLM, MARY**
STREET ADDRESS **976 VALLEY VIEW CIRCL**
CITY - ST - ZIP **PALM HARBOR FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE **D** ☒ DELETE
NAME **THORNTON, MARY**
STREET ADDRESS **1890 WATER OAK DR. W**
CITY - ST - ZIP **CLEARWATER FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE **D** ☐ DELETE
NAME **ARMIL, STEVE**
STREET ADDRESS **2334 STAG RUN BLVD**
CITY - ST - ZIP **CLEARWATER FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARY G DAHM, TREASURER

Date

Daytime Phone

5/5/96 813-581 7704

CR2E037 (12/95)