

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 12 1997 8:00am
Secretary of State

| | | |
|--|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | 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**

**2470 NURSERY RD
CLEARWATER FL 34624**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/28/1960** 3a. Date of Last Report **05/14/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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 **Marilyn Oberle**
82 Street Address (P.O. Box Number is Not Acceptable) **2011 Gulf Blvd. # 1b**
83
84 City **Indian Rocks Beach FL** 85 Zip Code **33785**

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 *Marilyn Oberle* **Marilyn Oberle** **7/21/97**
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 | PV <input type="checkbox"/> DELETE | 1.1 TITLE | P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | OBERLE, MARILYN | 1.2 NAME | OBERLE, MARILYN |
| STREET ADDRESS | 2011 GULF BLVD #1B | 1.3 STREET ADDRESS | 2011 GULF BLVD #1B |
| CITY-ST-ZIP | INDIAN ROCKS BEACH FL | 1.4 CITY-ST-ZIP | INDIAN ROCKS BEACH FL 33785 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | P <input type="checkbox"/> DELETE | 2.1 TITLE | P(Past) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KERWIN, HELEN | 2.2 NAME | KERWIN, HELEN |
| STREET ADDRESS | A-1173 GRANADA ST | 2.3 STREET ADDRESS | A-1173 GRANADA ST |
| CITY-ST-ZIP | CLEARWATER FL | 2.4 CITY-ST-ZIP | CLEARWATER, FL 34615 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | P (ELECT) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BRANDT, MARK | 3.2 NAME | WYLIE, DOROTHY |
| STREET ADDRESS | 13 EAGLE LANE | 3.3 STREET ADDRESS | 7041 MORNINGSTAR LANE |
| CITY-ST-ZIP | PALM HARBOR FL | 3.4 CITY-ST-ZIP | NEW PORT RICHEY, FL 34652 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE | T <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | TR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | DAH, MARY | 4.2 NAME | JACKEL, SIMON |
| STREET ADDRESS | 976 VALLEY VIEW CIRCLE | 4.3 STREET ADDRESS | 684 HIDDEN LAKE DRIVE |
| CITY-ST-ZIP | PALM HARBOR FL | 4.4 CITY-ST-ZIP | TARPON SPRINGS, FL 34689 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 5.1 TITLE | S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | THORNTON, MARY | 5.2 NAME | JUDGE, JANET |
| STREET ADDRESS | 1890 WATER OAK DR. W | 5.3 STREET ADDRESS | 9241 MERRIMOOR BLVD. |
| CITY-ST-ZIP | CLEARWATER FL | 5.4 CITY-ST-ZIP | LARGO, FL 33777 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 6.1 TITLE | IF <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | ARMIL, STEVE | 6.2 NAME | EKBERG, DONALD |
| STREET ADDRESS | 2334 STAG RUN BLVD | 6.3 STREET ADDRESS | 1376 AMBASSADOR DR. |
| CITY-ST-ZIP | CLEARWATER FL | 6.4 CITY-ST-ZIP | CLEARWATER, FL 34624 |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 if changed, or on an attachment with an address.

SIGNATURE *Marilyn Oberle* **Marilyn Oberle** **07/21/97**

CR2E037 (4/97)