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Feb 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **701729** (6)
1. Corporation Name

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

Principal Place of Business 2470 NURSERY RD CLEARWATER FL 34624	Mailing Address 2470 NURSERY RD CLEARWATER FL 34624
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3. Date Incorporated or Qualified

11/28/1960

4. FEI Number

59-0995436

Applied For

Not Applicable

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

24

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OBERLE, MARILYN

2011 GULF BLVD. #1B

INDIAN ROCKS BEACH FL 33785

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 ☐ DELETE

NAME **P OBERLE, MARILYN**
STREET ADDRESS **2011 GULF BLVD #1B**
CITY-ST-ZIP **INDIAN ROCKS BEACH FL**

TITLE ☒ DELETE

NAME **PT KERWIN, HELEN**
STREET ADDRESS **A-1173 GRANADA ST**
CITY-ST-ZIP **CLEARWATER FL**

TITLE ☐ DELETE

NAME **PT WYLIE, DOROTHY**
STREET ADDRESS **7041 MORNINGSTAR LANE**
CITY-ST-ZIP **NEW PT. RICHEY FL 34652**

TITLE ☐ DELETE

NAME **TR JACKEL, SIMON**
STREET ADDRESS **684 HIDDEN LAKE DR.**
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE ☐ DELETE

NAME **S JUDGE, JANET**
STREET ADDRESS **9241 MERRIMOOR BLVD.**
CITY-ST-ZIP **LARGO FL 33777**

TITLE ☐ DELETE

NAME **T EKBERG, DONALD**
STREET ADDRESS **1376 AMBASSADOR DR.**
CITY-ST-ZIP **CLEARWATER FL 34624**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR PERSON

1/19/98 (817) 531-7704

CR2E037 (10/97)