

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2008 8:00 am**  
**Secretary of State**

03-12-2008 90020 040 \*\*\*\*61.25

**DOCUMENT # 703021**

1. Entity Name  
**THE UNITARIAN UNIVERSALIST FELLOWSHIP OF  
GAINESVILLE, FLORIDA, INC.**



Principal Place of Business  
**4225 NW 34 ST  
GAINESVILLE, FL 32606-1422 US**

Mailing Address  
**4225 NW 34 ST  
GAINESVILLE, FL 32605-1422 US**

40040100



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02152008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**59-2068964**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**ARNOLD BLEIWEIS  
4225 N. W. 34TH STREET  
GAINESVILLE, FL 32605**

Name

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

City

**FL**

Zip Code

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

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, 2008**

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 NAME	P/D BLEIWEISS, ARNOLD	<input checked="" type="checkbox"/> Delete →
STREET ADDRESS	20161 NW 71ST COURT	
CITY - ST - ZIP	MCINTOSH, FL 32664	
TITLE NAME	V/D DUDLEY, SUE	<input type="checkbox"/> Delete
STREET ADDRESS	2056 NW 55TH BLVD. #A4	
CITY - ST - ZIP	GAINESVILLE, FL 32653	
TITLE NAME	S/D KULAS, JACK	<input checked="" type="checkbox"/> Delete →
STREET ADDRESS	3720 SW 15TH STREET	
CITY - ST - ZIP	GAINESVILLE, FL 32608	
TITLE NAME	T/D PARKER, JEAN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	6916 SE 183RD PL	
CITY - ST - ZIP	MICANOPY, FL 32667	
TITLE NAME	D JONES-POKORNEY, JOLAINE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	3401 NW 54TH LANE	
CITY - ST - ZIP	GAINESVILLE, FL 32653	
TITLE NAME	D WHITTAKER, DENIS	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	3600 NW 37TH TER	
CITY - ST - ZIP	GAINESVILLE, FL 32606	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	D Arnold Bleiweis	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4141 NW 37 <sup>th</sup> Terr.	
CITY - ST - ZIP	Gainesville, FL 32606	
TITLE NAME	P/D Albert Tweedy	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	129 SE Wacahoota Rd	
CITY - ST - ZIP	Micanopy, FL 32667	
TITLE NAME	D Jack Kulas	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3720 SW 15 <sup>th</sup> St.	
CITY - ST - ZIP	Gainesville, FL 32608	
TITLE NAME	T/D David Henderson	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2304 SW 35 <sup>th</sup> Place, Apt. C	
CITY - ST - ZIP	Gainesville, FL 32608	
TITLE NAME	S/D Daniel Slone	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2907 NW 49 <sup>th</sup> St.	
CITY - ST - ZIP	Gainesville, FL 32606	
TITLE NAME	D Nanette Erickson	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	183 SW Rum Island Terr.	
CITY - ST - ZIP	Fort White, FL 32038	

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.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## ATTACHMENT

<b>DOCUMENT # 703021</b> 1. Entity Name <b>THE UNITARIAN UNIVERSALIST FELLOWSHIP OF GAINESVILLE, FLORIDA, INC.</b>						
Principal Place of Business <b>4225 NW 34 ST GAINESVILLE, FL 32606-1422 US</b>			Mailing Address <b>4225 NW 34 ST GAINESVILLE, FL 32605-1422 US</b>			
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip                      Country			City & State  Zip                      Country			
4. FEI Number <b>59-2068964</b>				Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>ARNOLD BLEIWEIS 4225 N. W. 34TH STREET GAINESVILLE, FL 32605</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code			
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>						
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>		
<b>Make check payable to Florida Department of State</b>						
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D BLEIWEISS, ARNOLD 20161 NW 71ST COURT MCINTOSH, FL 32664	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D John Gerber 1126 NW 57 <sup>th</sup> St. Gainesville, FL 32605	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V/D DUDLEY, SUE 2056 NW 55TH BLVD. #A4 GAINESVILLE, FL 32653	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Joy Avery 2906 NW 14 <sup>th</sup> Place Gaineville, FL 32605	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/D KULAS, JACK 3720 SW 15TH STREET GAINESVILLE, FL 32608	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T/D PARKER, JEAN 6916 SE 183RD PL MICANOPY, FL 32667	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JONES-POKORNEY, JOLAINE 3401 NW 54TH LANE GAINESVILLE, FL 32653	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WHITTAKER, DENIS 3600 NW 37TH TER GAINESVILLE, FL 32606	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #