

FILE NOW: FILING FEE IS \$61.25

FILED

**Jan 29 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 703168 (5)
1. Corporation Name
UNITARIAN FELLOWSHIP OF SOUTH FLORIDA, INC.



Principal Place of Business 1812 ROOSEVELT STREET HOLLYWOOD FL 33020	Mailing Address 1812 ROOSEVELT STREET HOLLYWOOD FL 33020
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3. Date incorporated or Qualified 11/10/1961		
4. FEI Number 65-0096663	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29	30

9. Name and Address of Current Registered Agent

**VAN DYK, GRACE
8400 PASADENA BLVD.
PEMBROKE PINES FL 33024**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLUCKOWSKI, ED	1.2 NAME	
STREET ADDRESS	4920 SW 101 AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	COOPER CITY FL	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KALLAS, SHANNIE	2.2 NAME	JOHN DAVIS D
STREET ADDRESS	2280 NO 56 AVE	2.3 STREET ADDRESS	1 3801 N.W. 1ST AVE.
CITY-ST-ZIP	HOLLYWOOD FL	2.4 CITY-ST-ZIP	MIAMI, FL. 33168
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, BETTY	3.2 NAME	DVP
STREET ADDRESS	121 NE 2 AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	DANIA FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONDEN, KATHERINE	4.2 NAME	
STREET ADDRESS	620 S. PARK ROAD, #226	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	4.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN DYK, GRACE	5.2 NAME	
STREET ADDRESS	8440 PASADENA BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	5.4 CITY-ST-ZIP	
TITLE	SDVP <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAIR ELENA, BUDDING	6.2 NAME	JUDY MONTGOMERY
STREET ADDRESS	1945 JACKSON ST	6.3 STREET ADDRESS	1530 PLUNKETT STREET
CITY-ST-ZIP	N MIAMI BEACH FL	6.4 CITY-ST-ZIP	HOLLYWOOD, FL. 33020

14. I 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: **GRACE VAN DYK (REQUIRED) Jan 29 11/4/97 954-432-5728**

CR2E037 (10/97)