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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 703168

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

11/10/1961

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

65-0096663

Applied For

Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

24 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 PD
STREET ADDRESS KLICKOWSKI, ED
CITY-ST-ZIP 4920 SW 101 AVE
COOPER CITY FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

**REVEREND BERNARD
1938 JOHNSON ST. #4
HOLLYWOOD, FL 33020**
☐ Change ☒ Addition

TITLE ☐ DELETE
NAME D
STREET ADDRESS DAVIS, JOHN
CITY-ST-ZIP 3801 N.W. 1ST AVE
MIAMI FL 33168

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

**SVP
DAVIS, JOHN
3801 N.W. 1ST AVE
MIAMI FL 33168**
☒ Change ☐ Addition

TITLE ☐ DELETE
NAME DVP
STREET ADDRESS MILLER, BETTY
CITY-ST-ZIP 121 NE 2 AVE
DANIA FL

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

**D
MILLER, BETTY
18041233RD BLVD # 1402
MIAMI FL 33160**
☒ Change ☐ Addition

TITLE ☒ DELETE
NAME D
STREET ADDRESS CONDEN, KATHERINE
CITY-ST-ZIP 620 S. PARK ROAD, #226
HOLLYWOOD FL

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

**BERRY, SUSAN
2623 GARFIELD ST.
HOLLYWOOD FL**
☐ Change ☒ Addition

TITLE ☐ DELETE
NAME TD
STREET ADDRESS VAN DYK, GRACE
CITY-ST-ZIP 8440 PASADENA BLVD.
PEMBROKE PINES FL

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

**TBD
VAN DYK, GRACE
8440 PASADENA BLVD
PEMBROKE PINES FL 33024**
☐ Change ☐ Addition

TITLE ☐ DELETE
NAME D
STREET ADDRESS MONTGOMERY, JUDY
CITY-ST-ZIP 1530 PLUNKETT ST
HOLLYWOOD FL 33020

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

**PD
MONTGOMERY, JUDY
1530 PLUNKETT ST.
HOLLYWOOD, FL 33020**
☒ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

2/24/99 954-432-5728

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)