

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 705716

**FILED**  
**Jan 18, 2011**  
**Secretary of State**

**Entity Name:** UNITARIAN UNIVERSALIST CHURCH OF BREVARD, INC.

**Current Principal Place of Business:**

2185 MEADOWLANE AVE  
W MELBOURNE, FL 32904 US

**New Principal Place of Business:**

**Current Mailing Address:**

2185 MEADOWLANE AVE  
W MELBOURNE, FL 32904 US

**New Mailing Address:**

**FEI Number:** 57-0236115

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LEES, KATHERINE D  
2185 MEADOWLANE  
MELBOURNE, FL 32904 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** MR.  
**Name:** PHILLIPS, HAROLD PRES.  
**Address:** 839 BARBADOS AVENUE  
**City-St-Zip:** MELBOURNE, FL 32901 US

**Title:** MR.  
**Name:** SALINAS, MAX VP  
**Address:** 4796 MERLOT DRIVE.  
**City-St-Zip:** ROCKLEDGE, FL 32955 US

**Title:** MR.  
**Name:** EDWARDS, MICHAEL SEC.  
**Address:** 2185 MEADOWLANE DRIVE  
**City-St-Zip:** W. MELBOURNE, FL 32904 US

**Title:** MR  
**Name:** PEDERSEN, HOLGER TREAS.  
**Address:** 1597 EMERSON DRIVE, NE  
**City-St-Zip:** PALM BAY, FL 32909 US

**Title:** MRS  
**Name:** LEES, KATHERINE D TREAS  
**Address:** 8226 SIMPKINS WAY  
**City-St-Zip:** MELBOURNE, FL 32940 US

**Title:** MRS  
**Name:** ARENS, JANE TRUSTEE  
**Address:** 891 WOOD CREEK DR.  
**City-St-Zip:** MELBOURNE, FL 32901 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** KATHERINE DAVISON LEES

MRS

01/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date