2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 21, 2005 8:00 am Secretary of State **DOCUMENT # 707014** 04-21-2005 90231 037 ****61.25 THE UNITARIAN UNIVERSALIST CHURCH OF SARASOTA, INC. Principal Place of Business Mailing Address LISLOUDE 3975 FRUITVILLE ROAD 3975 FRUITVILLE ROAD SARASOTA, FL 34232 SARASOTA, FL 34232 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01102005 Chg-NP CR2E037 (10/03) Applied For City & State City & State 4. FEI Number 59-0954128 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name: BEAUDREAULT, DONALD W 3975 FRUITVILLE RD Street Address (P.O. Box Number is Not Acceptable) SARASOTA, FL 34232 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. 4-18-05 9. Election Campaign Financing Filing Fee Is \$61.25 \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2005 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11 TITLE Delete me ☐ Change ☑ Addition Diane Happy **CURTIS, MICHAEL** NAME NAME 3422 Tallywood Lane 5526 CARMONA PL STREET ADDRESS STREET ADDRESS SARASOTA, FL 34238 Sarasola FL 34237 CITY-ST-ZIP CITY-ST-ZIP VΡ ☐ Delete TITLE Change Addition BRADY, KATE NAME NAME STREET ADDRESS 5035 STEVENS DR STREET ADDRESS SARASOTA, FL. 34234 CITY-ST-ZIP CITY-ST-7IP Delete ☐ Change Addition Marie Keeney DELANO, JILL NAME NAME 7159 Wild Horse Circle 2841 NODOSA DR. STREET ADDRESS STREET ADDRESS Sarasota FL 34241 CITY-ST-ZIP SARASOTA, FL 34232 CITY-ST-ZIP TITLE □ Delete TELE ☐ Addition RAUDABAUGH, JAMES NAME 3866 Mira Lago Drive Sarasota FL 34238-4589 4136 MARSEILLES STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34233 CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TELLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. 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 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.

FILED