


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90041 023 ****61.25

DOCUMENT # 710164 1. Entity Name UNITARIAN UNIVERSALIST CHURCH OF TALLAHASSEE, FLORIDA, INC.					
Principal Place of Business 2810 N MERIDIAN ROAD TALLAHASSEE FL 32312			Mailing Address 2810 N MERIDIAN ROAD TALLAHASSEE FL 32312		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2984007 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DEMPSEY, ELLEN W 2437 BEAUTYBERRY COURT TALLAHASSEE FL 32308			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPD CARVER, JENNIFER 1608 REDWOOD DRIVE TALLAHASSEE FL 32301 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPD Mooney, Neil 6314 Coach House Court Tallahassee, FL 32312 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOONEY, NEIL 6314 COACH HOUSE COURT TALLAHASSEE FL 32312 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Dempsey, Richard 2437 Beautyberry Ct. Tallahassee, FL 32308 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PED DEMPSEY, RICHARD 2437 BEAUTY BERRY CT TALLAHASSEE FL 32308 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PED Boczarska, Christine 4812 Heather Dr. Tallahassee, FL 32308 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DUBARD, CAROLYN 5033 BRILL POINT TALLAHASSEE FL 32312 <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	VD EASTON, DEXTER 2908 LASSWADE DRIVE TALLAHASSEE FL 32312 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Urse, Steve 1118 Waverly Road Tallahassee, FL 32312 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DEMPSEY, RICHARD 2437 BEAUTYBERRY CT TALLAHASSEE FL 32308 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Carver, DeWayne 1608 Redwood Dr. Tallahassee, FL 32301 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
SIGNATURE: Carolyn Dubard <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			03-20-05 850-487-8271 <small>Date Daytime Phone #</small>		

ATTACHMENT

40037078

710164

2005 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 710164

UNITARIAN UNIVERSALIST CHURCH OF TALLAHASSEE, FL

TITLE: V/D

NAME: OLDENBURG, ROD

STREET ADDRESS: 309 STARMOUNT DRIVE

CITY-ST-ZIP: TALLAHASSEE, FL 32303

TITLE: V/D

NAME: DETAR, DELOS

STREET ADDRESS: 4425 MEANDERING WAY, # 223

CITY-ST-ZIP: TALLAHASSEE, FL 32308

TITLE: V/D

NAME: ADKINS, WILLIAM

STREET ADDRESS: 206 DELLVIEW DRIVE NORTH

CITY-ST-ZIP: TALLAHASSEE, FL 32308