

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90083 001 ****61.25

DOCUMENT # 710694
 1. Entity Name
 UNITARIAN-UNIVERSALIST CHURCH OF ST. PETERSBURG, FLORIDA



60008750



Principal Place of Business
 FLORIDA
 719 ARLINGTON AVENUE, NORTH
 ST. PETERSBURG, FL 33701

Mailing Address
 FLORIDA
 719 ARLINGTON AVENUE, NORTH
 ST. PETERSBURG, FL 33701

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01222007 Chg-NP CR2E037 (12/06)

4. FEI Number
 59-0895916

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ROWELL, BARBARA M
 719 ARLINGTON AVENUE NORTH
 ST. PETERSBURG, FL 33701

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent (and title if applicable) (NOT! Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	COALE, DAVIS	
STREET ADDRESS	9209 SEMINOLE BLVD #177	
CITY-ST-ZIP	SEMINOLE, FL 33772	
TITLE	T	<input type="checkbox"/> Delete
NAME	BOLTON-SCHULTES, ALEX	
STREET ADDRESS	2615 DESOTO WAY S	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33712	
TITLE	D	<input type="checkbox"/> Delete
NAME	FILZ, BETSY	
STREET ADDRESS	130 EAST BAY DR	
CITY-ST-ZIP	TREASURE ISLAND, FL 33706	
TITLE	P	<input type="checkbox"/> Delete
NAME	CARVILLE, SALLY	
STREET ADDRESS	2583 34TH AVE N	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33713	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	OST, DIANA	
STREET ADDRESS	4401 24TH AVE N	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33713	
TITLE	D	<input type="checkbox"/> Delete
NAME	CRAIG, REGINALD	
STREET ADDRESS	4930 29TH AVE N	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33710	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Charles Harshbarger	
STREET ADDRESS	5623 80th St N #415	
CITY-ST-ZIP	St Petersburg, FL 33709	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Alexandra Bolton-Schultes* **Treasurer** *1/22/06* *(727) 476-3058*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #