

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710694

FILED
Jan 30, 2009
Secretary of State

Entity Name: UNITARIAN-UNIVERSALIST CHURCH OF ST. PETERSBURG, FLORIDA

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-0895916 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ROWELL, BARBARA M
719 ARLINGTON AVENUE NORTH
ST. PETERSBURG, FL 33701 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: P () Delete
Name: MANNING, MARGIE
Address: 4400 36TH AVE N
City-St-Zip: SAINT PETERSBURG, FL 337131118

Title: T () Delete
Name: CAVUILLE, SALLY
Address: 2583 34TH AVE N
City-St-Zip: SAINT PETERSBURG, FL 337131744

Title: D () Delete
Name: COALE, DAVIS
Address: 111 26TH AVE NE
City-St-Zip: SAINT PETERSBURG, FL 337043463

Title: D () Delete
Name: DILLON, PAMELA
Address: 231 LAMARA WAY NE
City-St-Zip: SAINT PETERSBURG, FL 337043755

Title: D () Delete
Name: CLEMENT, LAWRASON
Address: 106 1ST ST E # 111
City-St-Zip: TIERRA VERDE, FL 337151785

Title: D () Delete
Name: CRAIG, REGINALD
Address: 4930 29TH AVE N
City-St-Zip: SAINT PETERSBURG, FL 33710

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: BOLTON-SCHULTES, ALEXANFRA
Address: 2615 DESOT WAY S.
City-St-Zip: SAINT PETERSBURG, FL 337124149

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BEAUMONT, VICTOR
Address: 2935 4TH AVENUE NORTH
City-St-Zip: SAINT PETERSBURG, FL 337137807

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ALEXANDRA BOLTON-SCHULTES

T

01/30/2009

Electronic Signature of Signing Officer or Director

_____ Date