2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#711604

FILED Apr 10, 2009 Secretary of State

Entity Name: THE UNITARIAN UNIVERSALIST FELLOWSHIP OF BOCA RATON, FLORIDA, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	NT ANDREWS B NTON, FL 33434	LVD			
Current Mailing Address:			New Mailing Address:		
	NT ANDREWS B NTON, FL 33434	LVD			
FEI Numbei	r: 59-6164241	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of Cu	rrent Registered Agent:	Name and Address	of New Registered Agent:	
125 CRAN BOCA RA The above	N, ANDREW M WFORD BLVD TON, FL 33432 e named entity su e of Florida.	US ubmits this statement for the p	ourpose of changing its register	ed office or registered agent, or both,	
SIGNATU	RE:				
		Signature of Registered Age	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Fitle: Name: Address: City-St-Zip:	P () E KAHN, ANDREW 330 N E 26TH AV BOYNTON BEAC		Title: Name: Address: City-St-Zip:	() Change () Addition	
Γitle:	V () E GIORDANO-WEII	Delete NTRAUB, JOHN	Title: Name:	() Change () Addition	
\ddress:	7534 LOCKHART BOYNTON BEAC		Address: City-St-Zip:		
Name: Address: Dity-St-Zip: Fitle: Name: Address: Dity-St-Zip:	7534 LOCKHART BOYNTON BEAC	H, FL 33437 Delete DULEVARD		()Change()Addition	
Address: Dity-St-Zip: Title: Name: Address:	7534 LOCKHART BOYNTON BEAC V () E REY, JOE 5549 PACIFIC BO BOCA RATON, FI	H, FL 33437 Delete DULEVARD L 33433 Delete BERT ARDENS TRAIL	City-St-Zip: Title: Name: Address:	() Change () Addition () Change () Addition	

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: ROBERT DUCHEMIN TREA 04/10/2009