

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712044

FILED
Jan 15, 2009
Secretary of State

Entity Name: UNITARIAN UNIVERSALIST CHURCH OF FORT LAUDERDALE, FLORIDA, INC.

Current Principal Place of Business:

3970 N.W. 21ST AVE.
OAKLAND PARK, FL 33309

New Principal Place of Business:

Current Mailing Address:

3970 N.W. 21ST AVE.
OAKLAND PARK, FL 33309

New Mailing Address:

FEI Number: 59-1001012

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDERSON, ERIK S PRES.
310 SUNSHINE DRIVE
COCONUT CREEK, FL 33066 US

Name and Address of New Registered Agent:

BEIER, KEN S PRES.
201 NE 23RD STREET
COCONUT CREEK, FL 33305 US

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: KEN BEIER

01/15/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ANDERSON, ERIK P
Address: 310 SUNSHINE DRIVE
City-St-Zip: COCONUT CREEK, FL 33066 US

Title: VP () Delete
Name: BEIER, KEN VP
Address: 201 NE 23RD STREET
City-St-Zip: WILTON MANORS, FL 33305 US

Title: T () Delete
Name: COX, WILLIAM H T
Address: 4898 NW 29 COURT, APT 107
City-St-Zip: LAUDERDALE LAKES, FL 33313 US

Title: S () Delete
Name: MOSS, SUSAN S
Address: 1950 NW 106TH AVE.
City-St-Zip: PEMBROKE PINES, FL 33026 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BEIER, KEN P
Address: 201 NE 23RD STREET
City-St-Zip: WILTON MANORS, FL 33305 US

Title: VP (X) Change () Addition
Name: NEWMAN, MARA VP
Address: 840 NE 47 CT
City-St-Zip: OAKLAND PARK, FL 33334 US

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

Title: S (X) Change () Addition
Name: LADKA, GARY S
Address: 5821 NW 20 ST
City-St-Zip: MARGATE, FL 33063 US

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: GARY LADKA

S

01/15/2009

Electronic Signature of Signing Officer or Director

Date