

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 715479

FILED
Oct 05, 2007
Secretary of State

Entity Name: THE UNITARIAN UNIVERSALIST FELLOWSHIP OF THE EMERALD COAST INC.

Current Principal Place of Business:

1295 BAYSHORE DRIVE
VALPARAISO, FL 32580

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 205
VALPARAISO, FL 32580 US

New Mailing Address:

FEI Number: 59-2344018

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUNAR, LARS
224 SNUG HARBOR DR.
SHALIMASR, FL 32579 US

Name and Address of New Registered Agent:

CRAWFORD, RHONDA R
313 CURACAO COVE S.
NICEVILLE, FL 32578 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: RHONDA R. CRAWFORD

10/05/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ROBERTS, LYNN
Address: 188 SHORE DR.
City-St-Zip: DESTIN, FL 32550

Title: VD () Delete
Name: HORN, DAISY
Address: 1650 DARKSIDE CIRCLE
City-St-Zip: NICEVILLE, FL 32578

Title: SD () Delete
Name: YAMAMOTO, JAN
Address: 224 SNUG HARBOR DR.
City-St-Zip: SHALIMAR, FL 32579

Title: T () Delete
Name: FROMMEYER, GAIL
Address: 431 SPRINGWOOD WAY
City-St-Zip: NICEVILLE, FL 32578

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FARLEY, SHARLEENE
Address: 310 CYPRESS ST.
City-St-Zip: DESTIN, FL 32541 26

Title: VD (X) Change () Addition
Name: ABRAHAM, DAVID
Address: 2611 EDGEWATER DR.
City-St-Zip: NICEVILLE, FL 32578 23

Title: SD (X) Change () Addition
Name: HOLT, ELLEN
Address: 1158 MUIRFIELD WAY
City-St-Zip: NICEVILLE, FL 32578

Title: T (X) Change () Addition
Name: CRAWFORD, RHONDA R
Address: 313 CURACAO COVE S.
City-St-Zip: NICEVILLE, FL 32578

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: RHONDA R. CRAWFORD

T

10/05/2007

Electronic Signature of Signing Officer or Director

Date