

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715479

FILED  
Jul 12, 2008  
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 ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

CRAWFORD, RHONDA R  
313 CURACAO COVE S.  
NICEVILLE, FL 32578 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: PD ( ) Delete  
Name: FARLEY, SHARLEENE  
Address: 310 CYPRESS ST.  
City-St-Zip: DESTIN, FL 32541 26

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VD (X) Change ( ) Addition  
Name: ABRAHAM, DAVID  
Address: 1304 EDENFIELD DRIVE  
City-St-Zip: FORT WALTON BEACH,, FL 47

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: RHONDA R. CRAWFORD

MRS

07/12/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date