

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90103 036 ****61.25

DOCUMENT # 751094

1. Corporation Name

CLEARWATER UNITARIAN-UNIVERSALIST CHURCH FOUNDATION, INC.

Principal Place of Business

2470 NURSERY ROAD
CLEARWATER FL 34624-2720

Mailing Address

2470 NURSERY ROAD
CLEARWATER FL 34624-2720



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

02/19/1980

4. FEI Number

59-2085249

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

WINNER, HAROLD
8142 NORWOOD RD.
LARGO FL 33777

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VPD ☐ DELETE

NAME WINCHESTER, ROBERT

STREET ADDRESS 11200 WADSWORTH RD. #87A

CITY-ST-ZIP LARGO FL

TITLE PD ☐ DELETE

NAME EDIE, VIVIAN F

STREET ADDRESS 80 YAWL LANE

CITY-ST-ZIP PALM HARBOR FL 34683

TITLE TD ☐ DELETE

NAME WINNER, HAROLD

STREET ADDRESS 8142 NORWOOD RD.

CITY-ST-ZIP LARGO FL

TITLE D ☐ DELETE

NAME HEGNER, SUSAN M

STREET ADDRESS 1702 N. OSCEOLA AVE.

CITY-ST-ZIP CLEARWATER FL

TITLE SD ☐ DELETE

NAME MARY FLANAGAN

STREET ADDRESS 2701 REGENCY OAKS BLVD #A-1

CITY-ST-ZIP CLEARWATER FL 34619

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/99 (727) 824-8744

CR2E037-(11/98)