


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 12, 2005 8:00 am
Secretary of State

08-12-2005 90002 037 ****70.00

DOCUMENT # 751094 1. Entity 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 Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WINNER, HAROLD 8142 NORWOOD RD. LARGO, FL 33777				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Harold J. Winner</u> 8/1/05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE VPD NAME WINCHESTER, ROBERT STREET ADDRESS 11200 WADSWORTH RD. #67A CITY-ST-ZIP LARGO, FL	<input checked="" type="checkbox"/> Delete		TITLE VPD NAME Cobin, Don STREET ADDRESS 1074 Marco Drive NE CITY-ST-ZIP St. Petersburg, FL 33702	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE DT NAME EDIE, VIVIAN F STREET ADDRESS 80 YAWL LANE CITY-ST-ZIP PALM HARBOR, FL 34683	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PD NAME WINNER, HAROLD STREET ADDRESS 8142 NORWOOD RD. CITY-ST-ZIP LARGO, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME HEGNER, SUSAN M STREET ADDRESS 1702 N. OSCEOLA AVE. CITY-ST-ZIP CLEARWATER, FL	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP Davis, Marianne 860 Virginia Street #203 Dunedin, FL 34698	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE SD NAME MARY FLANAGAN STREET ADDRESS 2701 REGENCY OAKS BLVD #A-1 CITY-ST-ZIP CLEARWATER, FL 34619	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PD NAME FRANKLIN, JACK STREET ADDRESS 856 BETTED KINGFISHER DR S CITY-ST-ZIP PALM HARBOR, FL 34683	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Harold J. Winner</u> 8/1/05 877-8744 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date Daytime Phone #					

50061264



05172005 Chg-NP CR2E037 (10/03)