## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#761850** 

FILED Apr 22, 2009 Secretary of State

Entity Name: SOUTHEAST UNITARIAN UNIVERSALIST WINTER INSTITUTE, INC.

12130 S.W.					
12130 S.W.					
	Current Mailing Address:			New Mailing Address:	
MIAMI, FL 3					
FEI Number: 5	59-2292957	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and A	Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
MCARTHUF 12130 S.W. MIAMI, FL 3					
The above r		ubmits this statement for the pu	rpose of changing its register	red office or registered agent, or both,	
SIGNATURI					
	Electroni	c Signature of Registered Agen		Date	
OFFICERS	AND DIRECT	ORS:	ADDITIONS/CHAN	GES TO OFFICERS AND DIRECTORS:	
Address:	CT () HICKS, VONNIE 300 LORD BERI RALEIGH, NC 2	KLEY RD	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Name: Address:	T () SPRINGER, MAI 607 32ND AVE SEATTLE, WA		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Address:	TT () MEDLEY, DEE 564 MARTIN LAI AUGUSTA, GA	Delete NE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	T () KERE, SID 7830 MRILEA R RICHMOND, VA		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () ENWRIGHT, SU 62 MANEY AVE. ASHEVILLE, NC	#6	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	T () LEARY, PETE 4226 ARBUTUS RALEIGH, NC 2		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

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: M. DEE MEDLEY DR. 04/22/2009