FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 21 AM 9:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 769456 (5)

1. Corporation Name
PENSACOLA UNITARIAN UNIVERSALIST FELLOWSHIP,INC.

Principal Place of Business	Mailing Address
804 E SCOTT ST. P. O. BOX 2816 PENSACOLA FL 32513	804 E SCOTT ST. P. O. BOX 2816 PENSACOLA FL 32513

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/19/1983
3a. Date of Last Report: 04/06/1994
4. FEI Number: 59-2328861 ☐ Applied For ☐ Not Applicable
2. Principal Place of Business 21:
2a. Mailing Address 26:
Suite, Apt. #, etc. 22:
Suite, Apt. #, etc. 27:
City & State 23:
City & State 28:
Zip 24: Country 25:
Zip 29: Country 30:
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

CUTTS, ELEANOR
3-A RUFFIN CIR
PENSACOLA FL 32503

10. Name and Address of New Registered Agent

81 Name: JODIE L. MANALE
82 Street Address (P.O. Box Number is Not Acceptable): 1643 BULEVAR MENOR
83:
84 City: GULF BREEZE FL 85 Zip Code: 32561

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Jodie L. Manale JODIE L. MANALE, TREASURER 4/17/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	BOTDFORD, THOM	1.2 NAME		
STREET ADDRESS	2621 20TH AVE	1.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32503	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	BERTHELOT, RONALD	2.2 NAME		
STREET ADDRESS	600 BAYOU BLVD	2.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL	2.4 CITY-ST-ZIP		
TITLE	SD	3.1 TITLE		☐ Change ☐ Addition
NAME	BROWN, LIZ	3.2 NAME		
STREET ADDRESS	3024 WINDMEADOWS DR	3.3 STREET ADDRESS		
CITY-ST-ZIP	GULF BREEZE FL 32561	3.4 CITY-ST-ZIP		
TITLE	TD	4.1 TITLE		☑ Change ☐ Addition
NAME	MANALE, JODIE	4.2 NAME		
STREET ADDRESS	~~1200 FT PICKENS RD #323~~	4.3 STREET ADDRESS	1643 BULEVAR MENOR	
CITY-ST-ZIP	GULF BREEZE FL 32561	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	MIDDLESWART, JUDY	5.2 NAME		
STREET ADDRESS	3805 DUNWOODY DR	5.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32503	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	DETONNANCOURT, ART	6.2 NAME		
STREET ADDRESS	4950 CASA MARIA LN	6.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Jodie L. Manale JODIE L. MANALE (904) 932-9242
SIGNATURE AND TYPED OR PRINTED NAME OF INCOMING OFFICER OR DIRECTOR — Date — Daytime Phone #

607187