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May 20 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 769456 (5)

1. Corporation Name  
PENSACOLA UNITARIAN UNIVERSALIST FELLOWSHIP, INC.



Principal Place of Business Mailing Address  
904 E SCOTT ST. 904 E SCOTT ST.  
P. O. BOX 2816 P. O. BOX 2816  
PENSACOLA FL 32513 PENSACOLA FL 32513-2816

3. Date Incorporated or Qualified 07/19/1983	3a. Date of Last Report 04/11/1996
4. FEI Number 59-2328861	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29 30

9. Name and Address of Current Registered Agent  
CUTCHEN, BILLYE  
4924 SHELL RD  
MILTON FL 32583

10. Name and Address of New Registered Agent  
81 Name Edward Sallin  
82 Street Address (P.O. Box Number is Not Acceptable)  
1522 E. Strong St.  
83  
84 City Pensacola FL 85 32501

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: Edward Sallin, President x Edward Sallin 4/24/97  
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	PD	<input checked="" type="checkbox"/> DELETE
NAME	SALLIN, JULIA	
STREET ADDRESS	1522 E. STRONG ST	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	EDWARDS, R.C. (RUTH)	
STREET ADDRESS	2421 FRANCISCAN DR	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MITCHELL, PAUL	
STREET ADDRESS	4155 E. VIEW PLACE	
CITY-ST-ZIP	GULF BREEZE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	CUTCHEN, BILLYE	
STREET ADDRESS	4924 SHELL RD	
CITY-ST-ZIP	MILTON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MIDDLESWART, JUDY	
STREET ADDRESS	3805 DUNWOODY DR	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DETONNANCOURT, ART	
STREET ADDRESS	4950 CASA MARIA LN	
CITY-ST-ZIP	PENSACOLA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Edward Sallin	
1.3 STREET ADDRESS	1522 E. Strong St.	
1.4 CITY-ST-ZIP	Pensacola, FL 32501	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Ken Niemeyer	
3.3 STREET ADDRESS	P. O. Box 735 N/A	
3.4 CITY-ST-ZIP	Point Clear, AL 36564	
4.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Jodi Manale	
4.3 STREET ADDRESS	4470 Spanish Trail #53	
4.4 CITY-ST-ZIP	Pensacola, FL 32504	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Margaret McLarin	
5.3 STREET ADDRESS	2600 Michigan Ave	
5.4 CITY-ST-ZIP	Pensacola, FL 32526	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Paul Mitchell	
6.3 STREET ADDRESS	4155 East View Place	
6.4 CITY-ST-ZIP	Gulf Breeze, FL 32561	

14. I do 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.

SIGNATURE: Edward Sallin, President x Edward Sallin 4/24/97 (904)431-3575

CR2E037 (9/96)