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# Apr 17 1998 8:00am
# Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

**DOCUMENT # 769456 (5)**

1. Corporation Name

**PENSACOLA UNITARIAN UNIVERSALIST FELLOWSHIP,INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 9888 PENSACOLA Blvd. ~~901 E SCOTT ST.~~ ~~P. O. BOX 2816~~ PENSACOLA FL ~~32513~~ 32534 | PENSACOLA UNITARIAN UNIVERSALIST ~~901 E SCOTT ST.~~ FELLOWSHIP P. O. BOX 2816 PENSACOLA FL 32513-2816 |

3. Date Incorporated or Qualified: 07/19/1983

4. FEI Number: 59-2328861 ☑ Applied For ☐ Not Applicable

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 9888 PENSACOLA Blvd. | 26 PENSACOLA UNITARIAN UNIVERSALIST |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. FELLOWSHIP P.O. BOX 2816 |
| 23 City & State: PENSACOLA, FLORIDA | 28 City & State: PENSACOLA, FLORIDA |
| 24 Zip: 32534 25 Country: USA | 29 Zip: 32513-2816 30 Country: USA |

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No N.A.

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| SALLIN, EDWARD<br>1522 E STRONG ST<br>PENSACOLA FL 32501 | 81 Name: REBECCA L. RENFRO<br>82 Street Address (P.O. Box Number Is Not Acceptable): 3395 NEWTON DRIVE<br>83<br>84 City: PENSACOLA FL 85 Zip Code: 32563 |

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: _____ _____ 4-5-98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | PD | ☒ DELETE | 1.1 TITLE | PD | ☐ Change ☒ Addition |
| NAME | SALLIN, EDWARD | | 1.2 NAME | REBECCA RENFRO | |
| STREET ADDRESS | 1522 E. STRONG ST | | 1.3 STREET ADDRESS | 3345 NEWTON DRIVE | |
| CITY-ST-ZIP | PENSACOLA FL | | 1.4 CITY-ST-ZIP | PENSACOLA, FL 32503 | |
| TITLE | VD | ☒ DELETE | 2.1 TITLE | VD | ☐ Change ☒ Addition |
| NAME | EDWARDS, R.C. (RUTH) | | 2.2 NAME | DENNY BRENTON | |
| STREET ADDRESS | 2421 FRANCISCAN DR | | 2.3 STREET ADDRESS | 5645 VENTURA LANE | |
| CITY-ST-ZIP | PENSACOLA FL | | 2.4 CITY-ST-ZIP | PENSACOLA, FL 32526 | |
| TITLE | SD | ☐ DELETE | 3.1 TITLE | TD | ☐ Change ☒ Addition |
| NAME | NIEMEYER, KEN | | 3.2 NAME | FRANK WOOD | |
| STREET ADDRESS | P.O. BOX 735 | | 3.3 STREET ADDRESS | 308 CORDOBA STREET | |
| CITY-ST-ZIP | POINT CLEAR AL | | 3.4 CITY-ST-ZIP | GULF BREEZE, FL 32561 | |
| TITLE | TD | ☒ DELETE | 4.1 TITLE | D | ☐ Change ☒ Addition |
| NAME | MANALE, JODI | | 4.2 NAME | ANNE WOOD | |
| STREET ADDRESS | 4470 SPANISH TRAIL #53 | | 4.3 STREET ADDRESS | 308 CORDOBA STREET | |
| CITY-ST-ZIP | PENSACOLA FL | | 4.4 CITY-ST-ZIP | GULF BREEZE, FL 32561 | |
| TITLE | D | ☒ DELETE | 5.1 TITLE | D | ☐ Change ☒ Addition |
| NAME | MCLARIN, MARGARET | | 5.2 NAME | HUGH TURNER | |
| STREET ADDRESS | 2600 MICHIGAN AVE | | 5.3 STREET ADDRESS | 2009 UNIVERSITY STREET | |
| CITY-ST-ZIP | PENSACOLA FL | | 5.4 CITY-ST-ZIP | PENSACOLA, FL 32504 | |
| TITLE | D | ☒ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | MITCHELL, PAU. | | 6.2 NAME | | |
| STREET ADDRESS | 4155 EAST VIEW PLACE | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | GULF BREEZE FL | | 6.4 CITY-ST-ZIP | | |

CR2E037 (10/97)

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.

**SIGNATURE:** _____ 4-5-98