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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **769456**

1. Corporation Name
UNITARIAN UNIVERSALIST CHURCH OF PENSACOLA, INC.

Principal Place of Business	Mailing Address
9888 PENSACOLA BLVD PENSACOLA FL 32534 US	~~PENSACOLA UNITARIAN UNIVERSALIST FELLOWSH~~ ~~P. O. BOX 2616~~ ~~PENSACOLA FL 32513-2616~~ US

2. Principal Place of Business (21) —
Suite, Apt. #, etc. (22) —
City & State (23) —
Zip (24) — Country (25)

2a. Mailing Address (26) 9888 PENSACOLA BLVD
Suite, Apt. #, etc. (27)
City & State (28) PENSACOLA FL
Zip (29) 32534 Country (30)

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

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

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

REBECCA L RENFRO
3395 NEWTON DR
PENSACOLA FL 32503

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 Rodney B Wells, secretary — 3/16/99
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD REBECCA RENFRO 3395 NEWTON DR PENSACOLA FL 32503	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD DENNY BREWTON 5645 VENTURA LN PENSACOLA FL 32526	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VD NEIL COBB CNEWS 1044 FLEMING DRIVE PENSACOLA, FL 32514	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD FRANK WOOD 308 CORDOBA ST GULF BREEZE FL 32561	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ANNE WOOD 308 CORDOBA ST GULF BREEZE FL 32561	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HUGH TURNER 2009 UNIVERSITY ST PENSACOLA FL 32504	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	SECRETARY RODNEY WELLS 56 BOLITHEWOOD DR PENSACOLA, FL 32514	☑ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: RODNEY B WELLS, Secretary — 3/16/99 — 850-477-5533
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)