## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#769456**

FILED Aug 08, 2006 Secretary of State

Entity Name: UNITARIAN UNIVERSALIST CHURCH OF PENSACOLA, INC.

**Current Principal Place of Business: New Principal Place of Business:** 9888 PENSACOLA BLVD PENSACOLA, FL 32534 US **Current Mailing Address: New Mailing Address:** 9888 PENSACOLA BLVD PENSACOLA, FL 32534 US FEI Number: 59-2328861 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BOYLE, DANA 1084 BLACK WALNUT TRAIL PENSACOLA, FL 32514 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition ORTIZ. BONNIE HAGMAN, NANCY Name: Name: 932 CORONADO DRIVE Address: 3790 SUMMER DRIVE Address: City-St-Zip: GULF BREEZE, FL 32563 City-St-Zip: PENSACOLA, FL 32504 Title: (X) Delete Title: () Change () Addition HAGMAN, NANCY Name: Name: Address: 3790 SUMMER DRIVE Address: City-St-Zip: PENSACOLA, FL 32504 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition GLORIOSO, SHERRY Name: GLORIOSO, SHERRY Name: 1602 GOVENORS DRIVE APT.2114 1720 EAST BLOUNT STREET Address: Address: City-St-Zip: PENSACOLA, FL 32514 City-St-Zip: PENSACOLA, FL 32503 Title: () Delete Title: () Change () Addition Name: BOYLE, DANA Name: 1084 BLACK WALNUT TRAIL Address: Address: City-St-Zip: PENSACOLA, FL 32514 City-St-Zip: 1PP Title: () Delete Title: 1PP (X) Change ( ) Addition LOGAN, LINDA ORTIZ, BONNIE Name: Name: 8122 TREE TOP LANE 932 CORONADO DRIVE Address: Address: City-St-Zip: PENSACOLA, FL 32514 City-St-Zip: GULF BREEZE, FL 32563 Title: () Delete Title: ( ) Change (X) Addition BRYANT, GEORGIEANNA Name: Name: Address: Address: 5925 STEPHANIE DRIVE MILTON, FL 32570 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: DANA BOYLE S 08/08/2006