2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004287

Entity Name: ALL FAITHS UNITARIAN CONGREGATION, INC.

FILED Apr 19, 2004 Secretary of State

Current Pi	rincipal Place	of Business:	New Prin	New Principal Place of Business:			
10091 MC	NCE FOR THE GREGOR RD 5, FL 33919						
Current Mailing Address:			New Mail	New Mailing Address:			
PO BOX 07 FT MYERS	7477 5, FL 3391974	77					
FEI Number:	65-1114131	FEI Number Applied For()	FEI Number Not App	olicable ()	Certificate of Status Desired ()		
Name and	Address of C	urrent Registered Agent:	Name and	d Address of	f New Registered Agent:		
SANIBEL, I	CHTSMAN DR FL 33957 L	JS	urnoso of changing	its registeres	d office or registered agent, or both,		
	e of Florida.	submits this statement for the p	urpose or changing	its registered	Toffice of registered agent, or both,		
SIGNATUF							
	Electron	ic Signature of Registered Age	nt		Date		
OFFICERS AND DIRECTORS:			ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	CHRD () PEED, WILLIAN 1531 LINHART FT MYERS, FL	AV.	Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	DT () ED, KLEINOW 518 N. YACHTS SANIBEL, FL 3		Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	DS () BENYAK, DONA 6979 WINKLER FT MYERS, FL	RD	Title: Name: Address: City-St-Zip:	DS JSINGH, PEC 5378 ASHTC FT MYERS, I	N CIR.		
Title: Name: Address: City-St-Zip:	WENDORF, JA 424 SW 38TH F	PL.	Title: Name: Address: City-St-Zip:	LLOYD, FISH	CUB COURT		
Title: Name: Address: City-St-Zip:	BARKAN, IRWII	WINE CIR, #323	Title: Name: Address: City-St-Zip:	SOUTHGATE 11220 BURN	(X) Change()Addition E, BERNARD IT STORE RD. A, FL 33955		
Title: Name: Address: City-St-Zip:	RYAN, JOY È 1003 LA PALON	Delete MA BLVD MYERS, FL 33903	Title: Name: Address: City-St-Zip:	PIZZINI, LOU	LA DEL MAR LANE		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ED KLEINOW DT 04/19/2004

ANITA FISCHER, DIRECTOR 17609 ORIOLE RD. FT. MYERS, FL 33912

ROY KENNIX, DIRECTOR P.O. BOX 42 FT. MYERS, FL 33902

LINDA FORCEY, DIRECTOR 30413-3 MATACOMBE KEY RD. PUNTA GORDA, FL 33955