

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004287

FILED
Apr 09, 2005
Secretary of State

Entity Name: ALL FAITHS UNITARIAN CONGREGATION, INC.

Current Principal Place of Business:

C/O ALLIANCE FOR THE ARTS
10091 MC GREGOR RD.
FT MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

PO BOX 07477
FT MYERS, FL 339197477

New Mailing Address:

FEI Number: 65-1114131

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KLEINOW, ED
518 N. YACHTSMAN DR.
SANIBEL, FL 33957 US

Name and Address of New Registered Agent:

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:

Title: CHRD () Delete
Name: PEED, WILLIAM
Address: 1531 LINHART AV.
City-St-Zip: FT MYERS, FL 33901

Title: DT () Delete
Name: ED, KLEINOW
Address: 518 N. YACHTSMAN DR
City-St-Zip: SANIBEL, FL 33957

Title: DS () Delete
Name: JSINGH, PEGGY
Address: 5378 ASHTON CIR.
City-St-Zip: FT MYERS, FL 33907

Title: D () Delete
Name: LLOYD, FISH
Address: 16588 BEAR CUB COURT
City-St-Zip: FT. MYERS, FL 33908

Title: D () Delete
Name: SOUTHGATE, BERNARD
Address: 11220 BURNT STORE RD.
City-St-Zip: PNTA GORDA, FL 33955

Title: VCD () Delete
Name: PIZZINI, LOU
Address: 15075 STELLA DEL MAR LANE
City-St-Zip: FT. MYERS, FL 33908

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

04/09/2005

Electronic Signature of Signing Officer or Director

Date