


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90054 044 ****61.25

DOCUMENT # N01000004287 1. Entity Name ALL FAITHS UNITARIAN CONGREGATION, INC.					
Principal Place of Business C/O ALLIANCE FOR THE ARTS 10091 MC GREGOR RD. FT MYERS, FL 33919				Mailing Address PO BOX 07477 FT MYERS, FL 33919-7477	
2. Principal Place of Business - No P.O. Box # c/o Crestwell School		3. Mailing Address 1901 Park Meadows Dr			
Suite, Apt. #, etc. FL Myers, FL		Suite, Apt. #, etc. FL Myers, FL			
City & State FL Myers, FL		City & State FL Myers, FL			
Zip 33907		Country USA		4. FEI Number 65-1114131	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent GUARDIANO, JOSEPH C 5260 S LANDINGS DR. 301 FT MYERS, FL 33919				7. Name and Address of New Registered Agent Name Don Blanchard Street Address (P.O. Box Number is Not Acceptable) 15460 Huntington Ct. City Ft. Myers FL Zip Code 33912	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Donald G. Blanchard, Treasurer <i>Donald G. Blanchard</i> 1/22/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHRD RAMAY, JOYCE 515 VAL MAR DR. FT MYERS, FL 33919	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Corwin, Stan 20150 No. River Road Alva, FL 33920	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GUARDIANO, JOSEPH C 5260 S. LANDINGS DR FT MYERS, FL 33919	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Elrod, Carol P.O. Box 532 Bokeelia, FL 33922	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FORCEY, LINDA 9402 PARKWOOD CT FT MYERS, FL 33908	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lee, Dorothy 10100 Cypress Cove Dr. #180 Ft. Myers, FL 33908-7650	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD LLOYD, FISH 16588 BEAR CUB COURT FT. MYERS, FL 33908	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Nathan, Karen 14611 Seabury Ct. Ft. Myers, FL 33908	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENNETT, ROBERT 142 ELEPHANT WAY NORTH FT MYERS, FL 33917	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLANCHARD, DON 15460 HUNTINGTON CT FT. MYERS, FL 33912	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DT Blanchard, Don	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Donald G. Blanchard</i> TRUS DONALD G. BLANCHARD 1/22/07 239-466-7443 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					