

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2008 8:00 am
Secretary of State

02-13-2008 90026 041 ****61.25

DOCUMENT # N01000004287 1. Entity Name ALL FAITHS UNITARIAN CONGREGATION, INC.					
Principal Place of Business C/O/ CRESTWELL SCHOOL 1901 PARK MEADOWS DR. FORT MYERS, FL 33907			Mailing Address PO BOX 07477 FT MYERS, FL 33919-7477		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		02082008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 65-1114131	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BLANCHARD, DON 15460 HUNTINGTON CT FORT MYERS, FL 33912			7. Name and Address of New Registered Agent Name <u>Douglas Cartwright</u> Street Address (P.O./Box Number is Not Acceptable) <u>10255 Majestic Ave.</u> City <u>Ft. Myers</u> FL Zip Code <u>33913</u>		
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 <u>Douglas Cartwright</u> <u>Douglas Cartwright</u> <u>2/11/08</u> <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, 2008		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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Carol Elrod P.O. Box 532 Bokeelia, FL 33922	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELROD, CAROL P.O. BOX 532 BOKEELIA, FL 33922		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lisa Leonhardt 5646 Foxlake Dr. North Ft. Myers, FL 33917-5649	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FORCEY, LINDA 9402 PARKWOOD CT FT MYERS, FL 33908		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Douglas Cartwright 10055 Majestic Ave. Ft. Myers, FL 33913-7086	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD LLOYD, FISH 16588 BEAR CUB COURT FT. MYERS, FL 33908		DT Douglas Cartwright 10055 Majestic Ave. Ft. Myers, FL 33913-7086		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENNETT, ROBERT 142 ELEPHANT WAY NORTH FT MYERS, FL 33917		DT Douglas Cartwright 10055 Majestic Ave. Ft. Myers, FL 33913-7086		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BLANCHARD, DON 15460 HUNTINGTON CT FT. MYERS, FL 33912		DT Douglas Cartwright 10055 Majestic Ave. Ft. Myers, FL 33913-7086		
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 <u>Douglas Cartwright</u> <u>Douglas Cartwright</u> <u>2/11/08</u> (239) 561-9848 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					