

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004287

FILED
Jan 07, 2009
Secretary of State

Entity Name: ALL FAITHS UNITARIAN CONGREGATION, INC.

Current Principal Place of Business:

C/O/ CRESTWELL SCHOOL
1901 PARK MEADOWS DR.
FORT MYERS, FL 33907

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:

CARTWRIGHT, DOUGLAS
10055 MAJESTIC AVE
FORT MYERS, FL 33913 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: RAMAY, JOYCE
Address: 515 VAL MAR DR.
City-St-Zip: FT MYERS, FL 33919

Title: DS () Delete
Name: ELROD, CAROL
Address: P.O. BOX 532
City-St-Zip: BOKEELIA, FL 33922

Title: D () Delete
Name: LEONHARDT, LISA
Address: 5646 FOXLAKE DR
City-St-Zip: NORTH FORT MYERS, FL 339175649

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

Title: D () Delete
Name: BENNETT, ROBERT
Address: 142 ELEPHANT WAY
City-St-Zip: NORTH FT MYERS, FL 33917

Title: DT () Delete
Name: CARTWRIGHT, DOUGLAS
Address: 10055 MAJESTIC AVE
City-St-Zip: FORT MYERS, FL 339137086

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DS (X) Change () Addition
Name: MAGSTADT, MIDGE
Address: 11507 LAKE CYPRESS LOOP
City-St-Zip: FT. MYERS, FL 339137826

Title: D (X) Change () Addition
Name: ELROD, CAROL
Address: P.O. BOX 532
City-St-Zip: BOKEELIA, FL 339220532

Title: VCD (X) Change () Addition
Name: EVANS, EVELYN
Address: 1307 DRIFTWOOD DR.
City-St-Zip: NORTH FT. MYERS, FL 33903

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 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: JOYCE RAMAY

CHRD

01/07/2009

Electronic Signature of Signing Officer or Director

Date