2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2011
Secretary of State

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Entity Name: ALL FAITHS UNITARIAN CONGREGATION, INC.

Current Principal Place of Business:

2756 MCGREGOR BLVD.
FORT MYERS, FL 33901

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, EDWARD
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
Name: KLEINOW, ED
Address: 518 N. YACHTSMAN DR.
City-St-Zip: SANIBEL, FL 33957

Title: DS
Name: STOCKER, SUSAN
Address: 6863 PENTLAND WAY, #43
City-St-Zip: FT. MYERS, FL 33912

Title: D
Name: HELLER, CRAIG
Address: 1344 COCONUT DR.
City-St-Zip: FT. MYERS, FL 33901

Title: VCD
Name: SIFERD, CAROL
Address: 13167 REGENT CIRCLE
City-St-Zip: FT. MYERS, FL 33966

Title: D
Name: LEONHARDT, LISA
Address: 5646 FOXLAKE DR.
City-St-Zip: NORTH FT MYERS, FL 33917

Title: DT
Name: NUDING, ROBERT
Address: 5875 WILD OLIVE TERRACE
City-St-Zip: FORT MYERS, FL 33919

I hereby 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 all other like empowered.

SIGNATURE: EDWARD J. KLEINOW CHRD 01/11/2011

Electronic Signature of Signing Officer or Director — Date