

# **2013 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N01000004287

**FILED**  
**Nov 14, 2013**  
**Secretary of State**

**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:**

2756 MCGREGOR BLVD.  
FORT MYERS, FL 33901

**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:** EDWARD KLEINOW

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:** EZELL, JEANNE  
**Address:** 4801 LEMA CT.  
**City-St-Zip:** FT. MYERS, FL 33903

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

**Title:** DT  
**Name:** BRIGHT, NANCY LOU  
**Address:** 15201 PALM ISLE DR.  
**City-St-Zip:** FT. 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 KLEINOW

CHRC

11/14/2013

Electronic Signature of Signing Officer or Director

Date