FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 29 PM 7:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N20351 (5)

1. Corporation Name
UNITARIAN UNIVERSALIST FELLOWSHIP OF VERO BEACH, INC.

Principal Place of Business	Mailing Address
355 43RD AVE VERO BEACH FL 32961 US	P.O. BOX 327 VERO BEACH FL 32961

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/24/1987
3a. Date of Last Report: 04/06/1994
4. FEI Number: 59-2191367 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status [X] **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes [X] No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24: 32968 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

LEVI, WINFIELD R.
1845 TARPON LANE
VERO BEACH FL 32960

10. Name and Address of Now Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change [X] Addition
NAME	ROMEYN, JANE	12 NAME	
STREET ADDRESS	6000 NETTLE PATH DR	13 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE FL	14 CITY-ST-ZIP	34951
TITLE	VD	21 TITLE	☐ Change [X] Addition
NAME	KIRKBRIDE, EARLE	22 NAME	
STREET ADDRESS	725 24TH SQ	23 STREET ADDRESS	
CITY-ST-ZIP	VERO BCH FL	24 CITY-ST-ZIP	32962
TITLE	SD	31 TITLE	[X] Change ☐ Addition
NAME	MEFFORD, MELISSA	32 NAME	S/D
STREET ADDRESS	1461 39TH AVE	33 STREET ADDRESS	Alper, Rhoda
CITY-ST-ZIP	VERO BCH FL	34 CITY-ST-ZIP	1821Mooring Line Dr. Vero Beach, FL 32963
TITLE	TD	41 TITLE	☐ Change [X] Addition
NAME	WENZEL, MARIAN S	42 NAME	
STREET ADDRESS	2922 EAGLE DRIVE	43 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	44 CITY-ST-ZIP	32963
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Marian S. Wenzel Marian S. Wenzel, 4/21/1995 (407)231-2864
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004718