

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

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 32968  
US

P.O. BOX 327  
VERO BEACH FL 32961

3. Date Incorporated or Qualified

04/24/1987

3a. Date of Last Report

04/28/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE  
NAME ROMEYN, JANE  
STREET ADDRESS 6000 NETTLE PATH DR  
CITY-ST-ZIP FT PIERCE FL

1.1 TITLE PD ☒ Change ☐ Addition  
1.2 NAME Compton, Charles A.  
1.3 STREET ADDRESS 163 Richard Street  
1.4 CITY-ST-ZIP Sebastian, FL 32958

TITLE VD ☒ DELETE  
NAME KIRKBRIDE, EARLE  
STREET ADDRESS 725 24TH SQ  
CITY-ST-ZIP VERO BCH FL

2.1 TITLE VD ☒ Change ☐ Addition  
2.2 NAME Pratt, Kenneth  
2.3 STREET ADDRESS 1820 Eden Court  
2.4 CITY-ST-ZIP Vero Beach, FL 32962

TITLE SD ☒ DELETE  
NAME ALPER, RHODA  
STREET ADDRESS 1821 MOORING LINE DR  
CITY-ST-ZIP VERO BCH FL

3.1 TITLE SD ☒ Change ☐ Addition  
3.2 NAME Wenzel, Marian  
3.3 STREET ADDRESS 2922 Eagle Drive  
3.4 CITY-ST-ZIP Vero Beach, FL 32963

TITLE TD ☒ DELETE  
NAME WENZEL, MARIAN S  
STREET ADDRESS 2922 EAGLE DRIVE  
CITY-ST-ZIP VERO BEACH FL

4.1 TITLE TD ☒ Change ☐ Addition  
4.2 NAME Francis, Stanley A.  
4.3 STREET ADDRESS 335 West Forest Trail  
4.4 CITY-ST-ZIP Vero Beach, FL 32962

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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)(k), 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: Stanley A. Francis (STANLEY A. FRANCIS) 2/5/96 407-562-8464  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)