


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 22 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N20351 (5)</b>					
1. Corporation Name <b>UNITARIAN UNIVERSALIST FELLOWSHIP OF VERO BEACH, INC.</b>					
Principal Place of Business <b>355 43RD AVE VERO BEACH FL 32963 US</b>			Mailing Address <b>P.O. BOX 327 VERO BEACH FL 32961</b>		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/24/1987</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>59-2191367</b>	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24 Country		29 Country		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>LEVI, WINFIELD R. 1845 TARPON LANE VERO BEACH FL 32960</b>			10. Name and Address of New Registered Agent		
			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input checked="" type="checkbox"/> DELETE			
NAME	COMPTON, CHARLES A				
STREET ADDRESS	163 RICHARD STREET				
CITY-ST-ZIP	SEBASTIAN FL				
TITLE	VD	<input checked="" type="checkbox"/> DELETE			
NAME	LEVI, WINFIELD R.				
STREET ADDRESS	1845 TARPON LANE				
CITY-ST-ZIP	VERO BCH FL				
TITLE	SD	<input checked="" type="checkbox"/> DELETE			
NAME	HORNBuckle, REBECCA				
STREET ADDRESS	6160 1ST ST. SW				
CITY-ST-ZIP	VERO BCH FL				
TITLE	TD	<input type="checkbox"/> DELETE			
NAME	FRANCIS, STANLEY A				
STREET ADDRESS	335 WEST FOREST TRAIL				
CITY-ST-ZIP	VERO BEACH FL				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME		BREWSTER, JAMES A.			
1.3 STREET ADDRESS		4145 60th COURT			
1.4 CITY-ST-ZIP		VERO BEACH, FL 32967			
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE		SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME		BROWN, MARY			
3.3 STREET ADDRESS		5601 NALA, APT 211			
3.4 CITY-ST-ZIP		VERO BEACH, FL 32963			
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

14. I hereby certify that the information supplied with this filing 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: Stanley A. Francis (STANLEY A. FRANCIS) 1/8/98 561-562-8464

CR2E037 (10/97)