

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS**FILED**
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90013 049 ****61.25

0021304

DOCUMENT # N20351

1. Corporation Name

**UNITARIAN UNIVERSALIST FELLOWSHIP OF VERO BEACH,
INC.**

Principal Place of Business

355 43RD AVE
VERO BEACH FL 32968
US

Mailing Address

P.O. BOX 327
VERO BEACH FL 32961

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

04/24/1987

4. FEI Number

59-2191367

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

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

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

TITLE PD
NAME BREWER, JAMES A
STREET ADDRESS 4145 80TH CT
CITY-ST-ZIP VERO BCH FL 32967 ☒ DELETETITLE SD
NAME BROWN, MARY
STREET ADDRESS 5601 N ALA APT 211
CITY-ST-ZIP VERO BCH FL 32963 ☐ DELETETITLE TD
NAME FRANCIS, STANLEY A
STREET ADDRESS 335 WEST FOREST TRAIL
CITY-ST-ZIP VERO BEACH FL ☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☐ Change ☒ Addition
1.2 NAME WINTERS, STANLEY
1.3 STREET ADDRESS 256 31ST AVE S.W.
1.4 CITY-ST-ZIP VERO BCH FL 329682.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition3.1 TITLE TD ☒ Change ☐ Addition
3.2 NAME FRANCIS, STANLEY A
3.3 STREET ADDRESS 7730 INDIAN OAKS DRIVE, F206
3.4 CITY-ST-ZIP VERO BCH FL 329664.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: *Stanley A. Francis* SIGNATURE: STANLEY A. FRANCIS

1/26/99

(561) 562-8464

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)