

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90675 047 \*\*\*\*61.25

<b>DOCUMENT # N20351</b> 1. Entity Name <b>UNITARIAN UNIVERSALIST FELLOWSHIP OF VERO BEACH, INC.</b>					
Principal Place of Business <b>355 43RD AVE VERO BEACH, FL 32968 US</b>			Mailing Address <b>P.O. BOX 327 VERO BEACH, FL 32961</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2191367</b>	
Zip		Country		5. Certificate of Status Desired - <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SIMON, HAROLD W 7435 CYPRESS BEND MANOR VERO BEACH, FL 32966</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City	
8. 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. I am familiar with, and accept the obligations of registered agent.				SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAIER, RITA 8716 EIGHTH ST VERO BEACH, FL 32968	<input checked="" type="checkbox"/> Delete	TITLE PD NAME STREET ADDRESS CITY-ST-ZIP	HAIGHT, RICHARD 372 W. TEMPLE CT. SW VERO BEACH FL 32968	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MURPHY, MARCIA 339 S.W. 13TH PLACE VERO BEACH, FL 32962	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FISHER, KATHI 801 S. OCEAN DR, APT 801 FT. PIERCE FL 34944	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SIMON, HOWARD 7435 CYPRESS BEND MANOR VERO BEACH, FL 32966	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SIMON, HAROLD 7435 CYPRESS BEND MANOR VERO BEACH FL 32966	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEFFORD, MELISSA 316 21 ST AVE VERO BEACH, FL 32962	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIRKBRIDGE, EARLE 725 24TH SQUARE VERO BEACH FL 32962	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KIRKBRIDGE, EARLE 725 24TH SQUARE VERO BEACH, FL 32962	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SADETSKY, IRWIN 612 NW LAMBRUSCO DR PORT ST LUCIE FL 34986	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <i>Harold W. Simon</i>			4/29/04 772 567-1899		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		