


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N20351</b> 1. Entity Name <b>UNITARIAN UNIVERSALIST FELLOWSHIP OF VERO BEACH, INC.</b>	
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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>
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02172005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2191367</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>SIMON, HAROLD W 7435 CYPRESS BEND MANOR VERO BEACH, FL 32966</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAIGHT, RICHARD 372 W. TEMPLE CT. SW VERO BEACH, FL 32968
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FISHER, KATHY 801 S. OCEAN DR. APT 801 FORT PIERCE, FL 34949
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	VD SADETSKY, IRWIN 612 NW LAMBRUSCO DR PORT SAINT LUCIE, FL 34986
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIRKBRIDE, EARLE 725 24TH SQUARE VERO BEACH, FL 32962
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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
SIGNATURE: <i>Harold W. Simon</i> <b>HAROLD W. SIMON</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>
Date <b>4/25/05</b> Daytime Phone # <b>772 567-1895</b>