

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2007 8:00 am
Secretary of State

04-03-2007 90007 017 ****61.25

DOCUMENT # N20351 1. Entity Name UNITARIAN UNIVERSALIST FELLOWSHIP OF VERO BEACH, INC.					
Principal Place of Business 1590 27TH AVE. VERO BEACH, FL 32960 US			Mailing Address 1590 27TH AVE VERO BEACH, FL 32960 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2191367	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SIMON, HAROLD W 7435 CYPRESS BEND MANOR VERO BEACH, FL 32966				Name <u>David N. Page</u> Street Address (P.O. Box Number is Not Acceptable) <u>986 Seagrape Lane</u> City <u>Vero Beach</u> FL <u>32963</u>	
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 <u>David N. Page</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>3/9/07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHAW, DANA 1336 30TH AVE VERO BEACH, FL 32960	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Director David N. Page 986 Seagrape Lane Vero Beach FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SHELTON, BONNIE 1655 32ND AVE VERO BEACH, FL 32960	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres / Director Liz Mayo 620 Reef Rd Vero Beach FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SIMON, HAROLD 7435 CYPRESS BEND MANOR VERO BEACH, FL 32966	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRES / DIRECTOR BONNIE SHELTON 1655 32nd Ave Vero Beach FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SADETSKY, IRWIN 612 NW LAMBRUSCO DR PORT SAINT LUCIE, FL 34986	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary / Director Kathy Fisher 451 E. Tangerine St SW Vero Beach FL 32968
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>David N. Page</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>3/9/07</u> Daytime Phone # <u>772-778-5880</u>	