

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20351

FILED  
Apr 17, 2009  
Secretary of State

**Entity Name:** UNITARIAN UNIVERSALIST FELLOWSHIP OF VERO BEACH, INC.

**Current Principal Place of Business:**

1590 27TH AVE.  
VERO BEACH, FL 32960 US

**New Principal Place of Business:**

**Current Mailing Address:**

1590 27TH AVE  
VERO BEACH, FL 32960 US

**New Mailing Address:**

**FEI Number:** 59-2191367

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PAGE, DAVID N  
986 SEAGRAPE LANE  
VERO BEACH, FL 32963 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: PARMENTIER, ALBERT  
Address: 5103 INDIAN BEND LANE  
City-St-Zip: FT PIERCE, FL 34951 US

Title: TD ( ) Delete  
Name: PAGE, DAVID N  
Address: 986 SEAGRAPE LANE  
City-St-Zip: VERO BEACH, FL 32963 US

Title: SD ( ) Delete  
Name: WILSON, SALLY  
Address: 500 GROVE ISLE CIR #207  
City-St-Zip: VERO BEACH, FL 32962

Title: VD ( ) Delete  
Name: LAPOINTE, STEVE  
Address: 925 TULIP LANE  
City-St-Zip: VERO BEACH, FL 32963

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID N PAGE

TD

04/17/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date