

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23349

FILED
Jan 06, 2005
Secretary of State

Entity Name: UNITARIAN-UNIVERSALIST FELLOWSHIP OF KEY WEST, INC.

Current Principal Place of Business:

801 GEORGIA ST.
KEY WEST, FL 33040 US

New Principal Place of Business:

Current Mailing Address:

801 GEORGIA ST
KEY WEST, FL 33040 US

New Mailing Address:

FEI Number: 65-0076326

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLEMENTS, THOMAS
1025 FLEMING ST.
KEY WEST, FL 33040 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: TD () Delete
Name: CLEMENTS, THOMAS
Address: 1025 FLEMING ST
City-St-Zip: KEY WEST, FL 33040

Title: PD () Delete
Name: SMITH, JAMES
Address: 25 ALLAMANDA TERRACE
City-St-Zip: KEY WEST, FL 33040

Title: VD () Delete
Name: STROTHER, PAM
Address: 411 CATHERINE ST
City-St-Zip: KEY WEST, FL 33040

Title: SD () Delete
Name: PAUL, MABEL
Address: 2328 HARRIS AVE
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: EDWARDS, CYNTHIA
Address: 1604 N. ROOSEVELT AVE
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: KNIGHT, ARLY
Address: 71 BAY DR
City-St-Zip: KEY WEST, FL 33040

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:

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 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 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: THOMAS CLEMENTS

T

01/06/2005

Electronic Signature of Signing Officer or Director

Date