2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001587

FILED Apr 25, 2008 Secretary of State

Entity Name: UNITARIAN UNIVERSALIST CHURCH OF TARPON SPRINGS, INC.

	Principal Place of Business:	New Principal Place of Business:
230 GRAN TARPON	ND BLVD SPRINGS, FL 34689	
Current Mailing Address:		New Mailing Address:
57 READ TARPON	STREET SPRINGS, FL 34689	
FEI Number	r: 59-0979240 FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()
Name and	d Address of Current Registered Agent:	Name and Address of New Registered Agent:
2112 SAN	R, SUSAN IDPIPER POINTE CT SPRINGS, FL 34689 US	
	e named entity submits this statement for the e of Florida.	e purpose of changing its registered office or registered agent, or both,
SIGNATU	RE:	
	Electronic Signature of Registered A	Agent Date
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR
Title: Name: Address: City-St-Zip:	P () Delete STEVENS, KATHRYN 5028 SILVERTHORNE CT OLDSMAR, FL 34677	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address:	VP () Delete RHODES, ERIC F 5547 RICHEY DRIVE	Title: VP (X) Change () Addition Name: GRADUAL, LINDA Address: 3 WINDRUSH BAY DRIVE
City-St-Zip:	NEW PORT RICHEY, FL 34652	City-St-Zip: TARPON SPRINGS, FL 34689
Title: Name: Address:	NEW PORT RICHEY, FL 34652 S () Delete BOX, BONNIE 261 KENTUCKY AVE CRYSTAL BEACH, FL 34655	City-St-Zip: TARPON SPRINGS, FL 34689 Title: S (X) Change () Addition Name: SMITH, SANDRA Address: 7021 BRENTWOOD DRIVE City-St-Zip: PORT RICHEY, FL 34668
City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	S () Delete BOX, BONNIE 261 KENTUCKY AVE	Title: S (X) Change () Addition Name: SMITH, SANDRA Address: 7021 BRENTWOOD DRIVE
Title: Name: Address: City-St-Zip: Title: Name: Address:	S () Delete BOX, BONNIE 261 KENTUCKY AVE CRYSTAL BEACH, FL 34655 TR () Delete HASSLER, SUSAN 2112 SANDPIPER POINTE CT	Title: S (X) Change () Addition Name: SMITH, SANDRA Address: 7021 BRENTWOOD DRIVE City-St-Zip: PORT RICHEY, FL 34668 Title: () Change () Addition Name: Address:

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: SUSAN HASSLER TR 04/25/2008