2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001587

FILED Apr 14, 2009 Secretary of State

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

Current Principal Place of Business:				New Principal Place of Business:			
230 GRANI TARPON S	D BLVD PRINGS, FL	34689					
Current Mailing Address:			Ne	New Mailing Address:			
57 READ S TARPON S	TREET PRINGS, FL	34689					
FEI Number:	59-0979240	FEI Number Applied For ()	FEI Number	Not Applic	able ()	Certificate of Sta	itus Desired ()
Name and Address of Current Registered Agent: Name and Address of New Re							Agent:
TARPON S	OPIPER POIN' SPRINGS, FL	34689 US					
The above in the State		submits this statement for th	e purpose of cha	anging its	registered c	office or registere	ed agent, or both,
SIGNATUR	RE:						
	Electror	nic Signature of Registered A	gent			Date	
OFFICERS AND DIRECTORS:			AD	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P () STEVENS, KAT 5028 SILVERTI OLDSMAR, FL	HORNE CT			()) Change ()Additio	no
Title: Name: Address: City-St-Zip:	GRADUAL, LIN 3 WINDRUSH E) Change ()Additio	no
Title: Name: Address: City-St-Zip:	S () SMITH, SANDR 7021 BRENTW PORT RICHEY	OOD DRIVE) Change ()Additio	no
Title: Name: Address: City-St-Zip:	HASSLER, SUS 2112 SANDPIP) Delete SAN PER POINTE CT NGS, FL 34689) Change ()Additio	no
Title: Name: Address: City-St-Zip:	POULSEN, KEI 237 MARINER				T (X PADBERG, DA 1405 WESTLA PALM HARBOR	KE BLVD	on
Title: Name: Address: City-St-Zip:	T () SHAFFERT, CH 2270 C. SHELL PALM HARBOF	Y DRIVE		ne: ress:	SROKA, CRAIG 1389 S DISSTO		on

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 04/14/2009