2008 NOT-FOR-PROFIT CORPORATION

FILED Apr 23, 2008 8:00 am Secretary of State

DOCUMENT # N9400001997 1. Entity Name TREASURE COAST UNITARIAN UNIVERSALIST SOCIETY, INC.								04-23-200	8 90017 ()23 ****61	.25
21 SE CENTRAL PARKWAY 21			lailing Address 21 SE CENTRAL PARKWAY STUART, FL 34994 US			:	1 100 1110 5 810	Ibh bidii beir beih		IIAIN FEINN ANAR INN	:
2. Principal Place of Business - No P.O. Box #			3. Mailing Address								
Suite, Apt.	#, etc.	Suit	Suite, Apt. #, etc.				01072008	Chg-NP	CR2E	37 (12/06)	
City & State		City & State					4. FEI Numbe 59-3251			} +	plied For t Applicable
Zip	Country	Zip		Cou	untry		5. Certificate of Status Desired			\$8.75 Add Fee Require	
	6. Name and Address of Curren	t Registere	d Agent				7. Name and	Address of Nev	w Registered	Agent	
CASSIDY,	MARGE				Name	MART	THR R.	Michels	¢۸		
21 SE CEN STUART, I	NTRAL PKWY				Street Address (P.O. Box Number is Not Acceptable) TREASURE CONST ULL Church						
STUART,	FL 34994						e Centra				-
					City	- 1	ar.	<u> </u>	FI	Zip Cod	
	named entity submits this statement fi	or the purpo	ose of changing it	s register	ed office o	register	ed agent, or bot	h, in the State of	Florida. I an	n familiar with,	and accept
SIGNATURE .	Martha R. Mus Signalitye, typed or printed name of registered age-	helos and lille if appl	icable. (NO	ŁOO TE: Registere	UFEL ed Agent signal	ure required	when reinstating)	CI	DRIS 14	2003	
SIGNATURE .	Signature, typed or printed name of registered specific lyped by May 1, 2008	helos and lifle if appl	icable. (NO 9. Election Ca Trust Fund	ampaign F	rinancing	ure required	\$5.00 May Be Added to Fees	e	Make che	ck payable to	
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Increpy certify that the information supplied with this filling does not quality 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: MARTHA P. Michelsen /	Narda Z.	Michelon	4/14/08	772 - 223-5020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING			Date	Daytime Phone #