

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000004357 (9)

1. Corporation Name

THE UNITARIANS AT LARGE, INC.



Principal Place of Business

75 NE 6TH AVENUE
SUITE 111
DELRAY BEACH FL 33483
US

Mailing Address

THE UNITARIANS AT LARGE INC
PO BOX 2781
DELRAY BEACH FL 33447-2781
US

3. Date Incorporated or Qualified
09/07/1994

3a. Date of Last Report
02/13/1995

4. FEI Number 65-0605069
-APPLIED FOR

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SNYDER, VIRGINIA
38 S. SWINTON AVE.
DELRAY BEACH FL 33444

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Virginia Snyder

Signature, typed or printed name of registered agent, as applicable

(NOTE: Registered Agent signature required when re-registering)

4-7-96

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

P
DANBURG, RUTH
7535 LA PAZ CT
BOCA RATON FL 33433

☒ DELETE

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

President
COLVIN, JOHN
1190 S.W. 19 Street
Boca Raton, FL 33486-6764
☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

V
WELCH, MARY
49 DOUGLAS DR
OCEAN RIDGE FL 33435

☐ DELETE

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

Secretary
KURTH, JEANNE
1405 S. FEDERAL HIGHWAY - A#122
Delray Beach, FL
☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

S
BALIS, JUDITH
806 NE 2 AVE
DELRAY BEACH FL 33444

☒ DELETE

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

Director
HANNING, MATHILDE M.
2150 S.W. 10th Court, #115
Delray Beach, FL 33445
☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

T
OUTRAM, ROBERT
509 SW 10TH STREET
DELRAY BEACH FL 33444

☐ DELETE

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

Virginia Snyder,
director
38 So. Swinton Ave.
Delray Beach, FL 33444
☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
OUTRAM, ROBERT
509 SW 10 ST
DELRAY BEACH FL 33444

☐ DELETE

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
FREY, BARBARA
2018 SW 29 CT #6A1
DELRAY BEACH FL 33445

☐ DELETE

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption under Section 119.02(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Virginia Snyder

4-7-96

Date

407-278-9565

Daytime Phone #