2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 8:00 am
Secretary of State
01-14-2005 90007 006 ****61.25

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DOCUMENT # N99000003284

1. Entity Name
UNITARIAN UNIVERSALIST FELLOWSHIP OF SUN CITY CENTER, INC.

Principal Place of Business	Mailing Address
PO BOX 5121 SUN CITY CENTER, FL 33571-5121	PO BOX 5121 SUN CITY CENTER, FL 33571-5121

01062005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3514447 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KYLLENEN, JEANETTE
2117 NANTUCKET DRIVE
SUN CITY CENTER, FL 33573

7. Name and Address of New Registered Agent

Name DANEK, WILLIAM
Street Address (P.O. Box Number is Not Acceptable)
2013 NEW BEDFORD DR.
City SUN CITY CENTER FL Zip Code 33573

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE W L Danek, Treasurer 1/6/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LEONARD, BETTY 713 MCCALLISTER AVE SUN CITY CENTER, FL 33573	☒ Delete	PRESIDENT BROOKS, CHARLES 213 GENET COURT SUN CITY CENTER, FL 33573	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PP JOHNSON, ROBERT 1404 BLUEWATER DR. SUN CITY CENTER, FL 33573	☐ Delete	PRESIDENT ELECT PARKHURST, LESTER 1513 LAJOLLA AVE. SUN CITY CENTER, FL 33573	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PE PORKHURST, LESTER 1513 LADOLLA AVE SUN CITY CENTER, FL 33573	☐ Delete	SECRETARY DANEK, JEANNE 2013 NEW BEDFORD DR SUN CITY CENTER, FL 33573	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT STURNIOLO, NORMA 816 C BANIA DEL SOL DR RUSKIN, FL 33570	☐ Delete	TREREOKER DANEK, WILLIAM 2013 NEW BEDFORD DR SUN CITY CENTER, FL 33573	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DANEK, JEANNE 2013 NEW BEDFORD DRIVE SUN CITY CENTER, FL 33573	☐ Delete	MEMBERSHIP CHAIR ESPOSITO, NATALIE 1725 WOLF LAUREL DR SUN CITY CENTER, FL 33573	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P KYLLORAN, JEANETTE 2117 NANTUCHERT DRIVE SUN CITY CENTER, FL 33573	☐ Delete	COMMUNITY AFFAIRS STURNIOLO, NORMA 816 C BAHIA del Sol DR. RUSKIN, FL 33570	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: W L Danek Wm. L. DANEK 1/6/05 813-633-3423
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #