Entity Name: CLEARWATER UNITARIAN-UNIVERSALIST CHURCH
FOUNDATION, INC.

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

2470 NURSERY ROAD CLEARWATER, FL 34624-2720

DOCUMENT# 751094

Current Mailing Address:

2470 NURSERY ROAD CLEARWATER, FL 34624-2720

FEI Number: 59-2085249

Name and Address of Current Registered Agent:

WINNER, HAROLD 8142 NORWOOD RD. LARGO, FL 33777 US Certificate of Status Desired: No

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.

SIGNATURE:

Electronic Signature of Registered Agent

Officer/Director Detail :

Title	Т	Title	SECRETARY		
Name	ROLFES, RICHARD	Name	WINNER, HAROLD		
Address	486 24TH AVE N	Address	8142 NORWOOD RD.		
City-State-Zip:	SAINT PETERSBURG FL 33704	City-State-Zip:	LARGO FL 33777		
Title	Р	Title	VP		
Name	SNELL, WILLIAM	Name	EKBERG, DONALD		
Address	492 HARBOR DR N	Address	1376 AMBASSADOR DRIVE		
City-State-Zip:	INDIAN ROCKS BEACH FL 33785	City-State-Zip:	CLEARWATER FL 33764		
Title	D	Title	D		
Name	COOPER, RANDY	Name	BARNETT, ROBERT		
Address	8729 BAY POINTE DRIVE	Address	14800 GULF BLVD. #202		
City-State-Zip:	TAMPA FL 33615	City-State-Zip:	MAREIRA BEACH FL 33708		
Title	D	Title	D		
Name	NIEMANN, DALE	Name	LONG, PEGGY		
Address	177 DEVON DRIVE	Address	4989 WEST BREEZE CIRCLE		
City-State-Zip:	CLEARWATER FL 33767	City-State-Zip:	PALM HARBOR FL 34683		

Continues on page 2

I hereby 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 all other like empowered.

SIGNATURE:	RICHARD J ROLFES	Т	03/18/2016

Electronic Signature of Signing Officer/Director Detail

FILED Mar 18, 2016 Secretary of State CC4304467458

Date

Date

Officer/Director Detail Continued :

Title	DIRECTOR	Title	DIRECTOR
Name	STAPLETON, TERRENCE	Name	KRARMER, ED
Address	580 SOUTH FLORIDA AVE.	Address	11400 4TH ST. N #1404
City-State-Zip:	TARPON SPRINGS FL 34689	City-State-Zip:	ST. PETERSBURG FL 33716
Title	DIRECTOR	Title	DIRECTOR
Name	BOONE, SUE	Name	WATSON, ROBERTA
Address	1100 BELCHER RD. S #722	Address	55 MONTINIQUE AVE
City-State-Zip:	LARGO FL 33771	City-State-Zip:	TAMPA FL 33606
Title	DIRECTOR		
The	DIRECTOR		
Name	MANNING, MARGIE		
Address	4400 36TH AVE N		

City-State-Zip: ST PETERSBURG FL 33713