

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 751094

**Entity Name:** UNITARIAN UNIVERSALISTS OF CLEARWATER ENDOWMENT  
FOUNDATION, INC**FILED**  
**Jan 30, 2024**  
**Secretary of State**  
**1611562805CC****Current Principal Place of Business:**2470 NURSERY ROAD  
CLEARWATER, FL 33764**Current Mailing Address:**2470 NURSERY ROAD  
CLEARWATER, FL 33764 US**FEI Number: 59-2085249****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**WINNER, HAROLD  
8142 NORWOOD RD.  
LARGO, FL 33777 US*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: HAROLD WINNER****01/30/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :****Title** VP, DIRECTOR  
**Name** WINNER, HAROLD  
**Address** 8142 NORWOOD RD  
**City-State-Zip:** LARGO FL 33777**Title** SECRETARY, DIRECTOR  
**Name** KRAEMER, ED  
**Address** 11400 4TH ST. N #1404  
**City-State-Zip:** ST. PETERSBURG FL 33716**Title** DIRECTOR  
**Name** MANNING, MARGIE  
**Address** 4400 36TH AVE N  
**City-State-Zip:** ST PETERSBURG FL 33713**Title** PRESIDENT AND DIRECTOR  
**Name** NORSWORTHY, BILL  
**Address** 2043 DENMARK ST  
APT 53  
**City-State-Zip:** CLEARWATER FL 33763**Title** TREASURER, DIRECTOR  
**Name** BARNETT, ROBERT C  
**Address** 260 - 108TH AVENUE  
APT 202  
**City-State-Zip:** TREASURE ISLAND FL 33706**Title** DIRECTOR  
**Name** WATSON, ROBERTA  
**Address** 55 MONTINIQUE AVE  
**City-State-Zip:** TAMPA FL 33606**Title** DIRECTOR  
**Name** BUESING, BOB  
**Address** 11084 ELLIS MEADOWS LANE  
**City-State-Zip:** GLEN ALLEN VA 23059**Title** DIRECTOR  
**Name** PACE, JOE  
**Address** 1766 BEVILLE ROAD  
**City-State-Zip:** CLEARWATER FL 33765**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: ROBERT C BARNETT****TREASURER****01/30/2024**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name FRASER, JOHN  
Address 519 SAINT TOPEZ CIRCLE NE  
City-State-Zip: ST PETERSBURG FL 33703

Title DIRECTOR  
Name MURPHEY, BARBARA  
Address 1304 JEFFORDS STREET  
City-State-Zip: CLEARWATER FL 33756

Title DIRECTOR  
Name HOOVER, SANDY  
Address 8072 LONGWOOD DRIVE  
City-State-Zip: LARGO FL 33777

Title DIRECTOR  
Name MYERS, JOE  
Address 200 LAKE AVE. N.E. UNIT 519  
City-State-Zip: CLEARWATER FL 33771

Title DIRECTOR  
Name NORCROSS, DOUG  
Address 675 INDIAN ROCKS RD N APT 202D  
City-State-Zip: BELLEAIR BLUFFS FL 33770

Title DIRECTOR  
Name BELLAMY, NED  
Address 2744 LANDMARK DRIVE  
City-State-Zip: CLEARWATER FL 33761