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	E				
	Electronic Signature of Registered Agent			Date	
Officer/Director Detail :					
Title	Р	Title	V		
Name	MANNING, MARGIE	Name	HECKES, HARVEY		
Address	4400 36TH AVENUE N	Address	15000 BRIDGEWAY LANE #201		
City-State-Zip:	ST. PETERSBURG FL 33713	City-State-Zip:	FT. MYERS FL 33919		

Title

Name

Address

City-State-Zip:

Т

TWEEDY, AL

**PO BOX 310** 

MICANOPY FL 32667

FEI Number: 59-3451507	Certificate of S
Name and Address of Current Registered Agent:	

1901 E ROBINSON ST ORLANDO, FL 32803

DOCUMENT# N24079

ASSOCIATION, INC.

## **Current Mailing Address:**

Current Principal Place of Business:

PO BOX 560246 ORLANDO, FL 32856 US

## Name and Address of Current Registered Agent:

HURTO, KENNETH GREV. 1901 E ROBINSON ST ORLANDO, FL 32803 US

S

City-State-Zip: GENEVA FL 32732

REID, CHRIS

22225 W SR 46

Title

Name

Address

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: MARGIE MANNING

04/29/2014 PRESIDENT, BOARD OF TRUSTEES

Electronic Signature of Signing Officer/Director Detail

#### 2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT FILED Apr 29, 2014 Entity Name: THE FLORIDA DISTRICT OF THE UNITARIAN UNIVERSALIST

### Secretary of State CC2065525086

Status Desired: Yes