


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 25, 1999 8:00 am**  
**Secretary of State**

02-25-1999 90062 003 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 701876</b>					
1. Corporation Name <b>THE UNITARIAN UNIVERSALIST SOCIETY OF THE DAYTON A BEACH AREA, INC.</b>					
Principal Place of Business 56 N. HALIFAX DRIVE ORMOND BEACH FL 32176			Mailing Address 56 N. HALIFAX DRIVE ORMOND BEACH FL 32176		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 01/04/1961 4. FEI Number 59-1539383 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent <b>ELLIOTT JR, PHILIP H 150 MAGNOLIA AVE. DAYTONA BCH. FL 32114</b>				10. Name and Address of New Registered Agent 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P JACKSON, GEORGE 2828 N ATLANTIC AVE, #1903 DAYTONA BEACH FL	1.1 TITLE	P MADEN WILLIAM 175 ORCHARD LANE ORMOND BEACH, FL 32176
NAME	SD SCHLEPER, REINHOLD 8 MAPLE CIR ORMOND BEACH FL	1.2 NAME	S KOJES, CARYL 1335 FLEMING AVE # 123 ORMOND BEACH, FL 32174
STREET ADDRESS	DT SEGNER, STEVEN 1737 LOUISIANA RD SO DAYTONA FL	1.3 STREET ADDRESS	
CITY-ST-ZIP	VPD MADEN, WILLIAM 175 ORCHARD LANE ORMOND BEACH FL	1.4 CITY-ST-ZIP	
	VPD EBERLE, MILDRED 2200 N ATLANTIC AVE, #502 DAYTONA BEACH FL	2.1 TITLE	VPD MC DEARMONT, CHAS 1149 CLEARWATER RD. DAYTONA BEACH, FL 32114
		2.2 NAME	VPD CASSIDY, WANDA 25 HIGHLAND FALLS DR ORMOND BEACH, FL 32174
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
		3.1 TITLE	
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
		4.1 TITLE	
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE	
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)