

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 701876

1. Entity Name
**THE UNITARIAN UNIVERSALIST SOCIETY OF THE
DAYTONA BEACH AREA, INC.**



FILED
Jan 14, 2004 8:00 am
Secretary of State

01-14-2004 90007 011 ****61.25

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01062004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-1539383

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ELLIOTT JR, PHILIP H
125 S PALMETTO AVE
DAYTONA BCH., FL 32114**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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, 2004

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 **P** ☐ Delete
NAME **MCKEMIE, MARILOU**
STREET ADDRESS **405 DRIFTWOOD**
CITY-ST-ZIP **DAYTONA BEACH, FL 32118**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☒ Delete
NAME **BLUME, DEE T**
STREET ADDRESS **218 SAGE BRUSH TRAIL**
CITY-ST-ZIP **ORMOND BEACH, FL 32174**

TITLE **NO** ☒ Change ☒ Addition
NAME **SCHLIEPER, REINHOLD**
STREET ADDRESS **23 SEAFARING PATH**
CITY-ST-ZIP **PALM COAST, FL 32164**

TITLE **DT** ☐ Delete
NAME **SEGNER, STEVEN**
STREET ADDRESS **1737 LOUISIANA RD.**
CITY-ST-ZIP **SO DAYTONA, FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ST** ☒ Delete
NAME **MILLER, DENISE**
STREET ADDRESS **49 OCEAN TERR.**
CITY-ST-ZIP **ORMOND BEACH, FL 32176**

TITLE **SEC** ☒ Change ☒ Addition
NAME **BORDAN, DONNA**
STREET ADDRESS **659 N. HALIFAX DR.**
CITY-ST-ZIP **ORMOND BEACH, FL 32176**

TITLE **2VT** ☐ Delete
NAME **KING, JOHN**
STREET ADDRESS **122 BONITA PLACE**
CITY-ST-ZIP **ORMOND BEACH, FL 32174**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #