

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 707545 (0)

1. Corporation Name

UNITARIAN UNIVERSALIST CHURCH OF JACKSONVILLE, I NC.



Principal Place of Business

Mailing Address

7405 ARLINGTON EXPRESSWAY JACKSONVILLE FL 32211

7405 ARLINGTON EXPRESSWAY JACKSONVILLE FL 32211 US

3. Date Incorporated or Qualified 07/07/1964
3a. Date of Last Report 03/15/1995

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc		Suite, Apt. #, etc.		50-0825826	Not Applicable
22	22	27	27	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
	City & State		City & State		<input type="checkbox"/>	
23	23	28	28	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
	Zip		Zip		<input type="checkbox"/>	
24	24	29	29	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Country		Country			

9. Name and Address of Current Registered Agent

TOWERS, ROBERT JR.
1615 DONALD ST.
JACKSONVILLE FL 32205

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 the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ADUTORI, JOE <input checked="" type="checkbox"/> DELETE	11 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADUTORI, JOE	12 NAME	Mary Claire Van der Horst
STREET ADDRESS	2308 GREENSIDE CT	13 STREET ADDRESS	3403 Rosemary St.
CITY-ST-ZIP	PONTE VEDRA FL	14 CITY-ST-ZIP	Jacksonville, Fl. 32207
TITLE	PD SPENCE, CHUCK <input checked="" type="checkbox"/> DELETE	21 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPENCE, CHUCK	22 NAME	Jeff Funderburk
STREET ADDRESS	7405 ARLINGTON EXPRESSWAY	23 STREET ADDRESS	1612 Copeland St.
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP	Jacksonville, Fl. 32204
TITLE	TD FUNDERBURK, JEFF <input checked="" type="checkbox"/> DELETE	31 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUNDERBURK, JEFF	32 NAME	Jim Niss
STREET ADDRESS	7405 ARLINGTON EXPRESSWAY	33 STREET ADDRESS	708 Davis Street
CITY-ST-ZIP	JACKSONVILLE FL	34 CITY-ST-ZIP	Neptune Beach, Fl. 32266
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Handwritten Signature]

2/2/96 904-725-8133

JAMES E. NISS

CR2E037 (12/95)