FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 **DOCUMENT #**

707545

(0)

UNITARIAN UNIVERSALIST CHURCH OF JACKSONVILLE. I

NC.											
Princip	pal Place of Busines	SS	Mailing Address								
7405 ARLINGTON EXPRESSWAY JACKSONVILLE FL 32211			7405 ARLINGTON EXPRESSWAY JACKSONVILLE FL 32211 US				3. Date Incorporated or Qualified 07/07/1964				
							4. FEI Number 50-0825826		Applied For Not Applicable		
2. Prin	ncipal Place of Busi	ness	2a. Mailing Address				5. Certificate of Status Desired		.75 Additional		
	te, Apt. #, etc.		Suite, Ap	Suite, Apt. #, etc.			Election Campaign Financing Trust Fund Contribution	\$5	.00 May Be		
City	City & State		City & State				7. Is this nonprofit corporation a homeowners association?				
Zip 24		Country 25	Zip 29	30	untry	,	This corporation owes or has pald the Personal Property Tax due June 30.	current ye			
Name and Address of Current Registered Agent					Τ.,	10. Name and Address of New Registered Agent					
		_			81	Name					
TOWERS, ROBERT JR. 1615 DONALD ST.					82	Street Address (P.O. Box Number is Not Acceptable)					
J/	acksonville fi	. 32205			83						
					84	City	-	85	Zip Code		

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	Manufachia (AVOTE)	Registered Agent signature	required when rainstating) DA		
12.	OFFICERS AND DIRE		13.	ADDITIONS/CHANGES TO OFFICERS		S IN 12
TITLE	PD OFFICERS AND DIRE	E DELETE	1.1 TITLE		Change	Addition
1		ES DELETE		PD	EE CHAING	- Addition
NAME	FUNDERBURK, JEFF		1.2 NAME	Kathy Converse		
STREET ADDRESS	1612 COPELAND ST		1.3 STREET ADDRESS	Kathy Converse 520 Midway St Apt 2		
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	Neptune Beach Fl 3226	56	
TITLE	TD	☐ DELETE	2.1 TITLE	-	Change	Additio
NAME	NISS, JIM		2.2 NAME			
STREET ADDRESS	708 DAVIS ST		2.3 STREET ADDRESS			
CITY-ST-ZIP	NEPTUNE BCH FL		2. 4 CITY-ST-ZIP			
TITLE	PD	DELETE	3.1 TITLE		Change	Additio
NAME	BAKER, CLARENCE		3.2 NAME			
STREET ADDRESS	12742 HUNT CLUB RD		3.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL		3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		☐ Change	Additio
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TITLE		Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY - ST - ZIP			5.4 CITY-ST-2IP			
TITLE		☐ DELETE	6.1 TITLE		Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
			0.4.0(T)(BT. 7(D)			

Interest 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.

GNATURE:

SIGNATURE:

FILED

Apr 02 1998 8:00am

Secretary of State