

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2004 8:00 am
Secretary of State

03-10-2004 90029 039 ****61.25

DOCUMENT # 707545

1. Entity Name
UNITARIAN UNIVERSALIST CHURCH OF JACKSONVILLE, INC.

Principal Place of Business
7405 ARLINGTON EXPRESSWAY JACKSONVILLE FL 32211 US

Mailing Address
7405 ARLINGTON EXPRESSWAY JACKSONVILLE FL 32211 US

2: Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.



34061410



MOORE CR2E037 (11/03)

4. FEI Number **50-0825826** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
**EMERSON, BERT E
 1176 NIGHTINGALE RD.
 JACKSONVILLE FL 32216**

7. Name and Address of New Registered Agent
 Name **JOE ADIVTORI, TREASURER**
 Street Address (P.O. Box Number is Not Acceptable) **24492 HARBOUR VIEW DRIVE**
 City **Ponte Vedra Beach** FL Zip Code **32082-2150**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: 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 NAME STREET ADDRESS CITY-ST-ZIP	D TSHIRKI, CANDACE 10948 STEEDING HOURSE DR. JACKSONVILLE FL 32257 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. Candace Tschirki, President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4090 HODGES BLVD, APT 502 JACKSONVILLE, FL 32224-4204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HENDERSON, SHARON <input checked="" type="checkbox"/> Delete 806 OCEANFRONT NEPTUNE BEACH FL 32266	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Cyathia Stroud, VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5643 Crest Creek Drive Jacksonville FL 32258-5358
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T EMERSON, BERT <input checked="" type="checkbox"/> Delete 1176 NIGHTINGALE RD. JACKSONVILLE FL 32216	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Joe Adivtori, Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 24492 Harbour View Dr Ponte Vedra Beach FL 32082-2150
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MADDOX, GEORGE <input checked="" type="checkbox"/> Delete 5304 GOLF COURSE DR. JACKSONVILLE FL 32277	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____ **2/25/04 904 725 8133**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #