


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 29, 2005 8:00 am**  
**Secretary of State**

03-29-2005 90019 024 \*\*\*\*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.  
 City & State

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State

Zip Country Zip Country



01312005 Chg-NP CR2E037 (10/03)

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  
**ADIVTORI, JOE  
 24492 HARBOR VIEW DRIVE  
 PONTE VEDRA BEACH, FL 32082-2150**

7. Name and Address of New Registered Agent  
 Name: **Coviak, Sharon**  
 Street Address (P.O. Box Number is Not Acceptable): **22 Millie Drive**  
 City: **Jacksonville Beach FL** Zip Code: **32250**

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 *Sharon CR* DATE 3/2/2005  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2005**

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	<b>P</b> <b>TSCHIRKI, CANDACE</b> <b>4090 HODGES BLVD APT 502</b> <b>JACKSONVILLE, FL 32244204</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Stroud, Cynthia</b> <b>5643 Crest Creek Drive</b> <b>Jacksonville, FL 32258</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>STROUD, CYNTHIA</b> <b>5643 CREST CREEK DRIVE</b> <b>JACKSONVILLE, FL 322585358</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>Schubert, William</b> <b>1859 Lake Forest Lane</b> <b>Orange Park, FL 32003</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>ADIVTORI, JOE</b> <b>24492 HARBOR VIEW DRIVE</b> <b>PONTE VEDRA BEACH, FL 320822150</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>Coviak, Sharon</b> <b>22 Millie Drive</b> <b>Jacksonville Beach, FL 32250</b> <input checked="" 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
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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)(f), 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: *Sharon CR* DATE 3/2/2005  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #