

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90121 027 ****61.25

DOCUMENT # 707545

1. Entity Name

**UNITARIAN UNIVERSALIST CHURCH OF JACKSONVILLE, I
NC.**



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

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



CHECK HERE IF MAKING CHANGES

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

**HENDERSON, DAVID C
806 OCEANFRONT
NEPTUNE BEACH FL 32266**

7. Name and Address of New Registered Agent

Name

BERT E. EMERSON

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

1176 NIGHTINGALE RD

City

JACKSONVILLE

FL

Zip Code
32216

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] **BERT E. EMERSON TREAS** (Bud)
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

1/21/03

FILE NOW: FEE IS \$61.25

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

TITLE **PD** Delete
NAME **ADAMS, AFESA**
STREET ADDRESS **4543 HARBOUR NORTH CT.**
CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE **D** Delete
NAME **HENDERSON, SHARON**
STREET ADDRESS **806 OCEANFRONT**
CITY-ST-ZIP **NEPTUNE BEACH FL**

TITLE **D** Delete
NAME **LOUCKS, TERRY**
STREET ADDRESS **13511 MCQUEENS CT.**
CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE **T** Delete
NAME **HENDERSON, DAVID**
STREET ADDRESS **806 OCEANFRONT**
CITY-ST-ZIP **NEPTUNE BEACH FL 32266**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Change Addition
NAME **SHARON HENDERSON**
STREET ADDRESS **806 OCEANFRONT**
CITY-ST-ZIP **NEPTUNE BEACH, FL 32266**

TITLE **D** Change Addition
NAME **CANDACE TSCHIRKI**
STREET ADDRESS **10948 STEEDING HORSE DR**
CITY-ST-ZIP **JACKSONVILLE, FL 32257**

TITLE **T BERT** Change Addition
NAME **(BUD) EMERSON**
STREET ADDRESS **1176 NIGHTINGALE RD**
CITY-ST-ZIP **JACKSONVILLE, FL 32216**

TITLE **T** Change Addition
NAME **GEORGE WADDOX**
STREET ADDRESS **5304 GOLF COURSE DR**
CITY-ST-ZIP **JACKSONVILLE, FL 32277**

TITLE Change Addition
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]* **BERT (BUD) EMERSON** 1/21/03 (904) 725-5340

CR2E037 (10/02)