

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 701876

Entity Name: THE UNITARIAN UNIVERSALIST SOCIETY OF THE DAYTONA BEACH AREA, INC.**Current Principal Place of Business:**56 N. HALIFAX DRIVE
ORMOND BEACH, FL 32176**Current Mailing Address:**56 N. HALIFAX DRIVE
ORMOND BEACH, FL 32176**FEI Number: 59-1539383****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ELLIOTT, PHILIP HJR.
435 OCEAN SHORE BLVD.
ORMOND BEACH, FL 32176 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRESIDENT
Name	TERNENT, WILLIAM
Address	6 FERNMEADOW LANE
City-State-Zip:	ORMOND BEACH FL 32174

Title	DT
Name	SEGNER, STEVEN
Address	1737 LOUISIANA RD
City-State-Zip:	S. DAYTONA FL 32119

Title	S
Name	MATTESON, ANN
Address	142 ROYAL DUNES CIR.
City-State-Zip:	ORMOND BEACH FL 32176

Title	TR
Name	ELLIOTT, PHILIP
Address	435 OCEAN SHORE BLVD.
City-State-Zip:	ORMOND BEACH FL 32176

Title	VP
Name	GRUNER, CHRIS
Address	42 COQUINA RIDGE WAY
City-State-Zip:	ORMOND BEACH FL 32164

Title	TRUSTEE
Name	REMINGTON, LORELL
Address	478 HAMMOCK LANE
City-State-Zip:	ORMOND BEACH FL 32174

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: STEVEN SEGNER**TREASURER****04/30/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date