

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03874

Entity Name: TRI-COUNTY UNITARIAN UNIVERSALISTS, FLORIDA, INC.

Current Principal Place of Business:

7280 SE 135TH STREET
SUMMERFIELD, FL 34491

Current Mailing Address:

P.O. BOX 829
SUMMERFIELD, FL 34492 US

FEI Number: 59-2319450

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STRICKLAND, ELEANOR
1842 DALTON DRIVE
THE VILLAGES, FL 32162 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: ELEANOR STRICKLAND

04/08/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name REHM, MARJORIE
Address 16282 SW 15 COURT
City-State-Zip: Ocala FL 32162

Title VP
Name MCCUSKER, TIM
Address 17493 SE 84 EVERGREEN CT.
City-State-Zip: THE VILLAGES FL 32162

Title SECRETARY
Name JACKSON, CAROLE
Address 1525 GIFFORD COURT
City-State-Zip: THE VILLAGES FL 32162

Title TREASURER
Name STRICKLAND, ELEANOR
Address 1842 DALTON DRIVE
City-State-Zip: THE VILLAGES FL 32162

Title TRUSTEE
Name ROBERTS, PEGGY
Address 573 INNES CIRCLE
City-State-Zip: THE VILLAGES FL 32162

Title TRUSTEE
Name KIRSCHBAUM, HELENE
Address 1925 TREADWELL TERRACE
City-State-Zip: THE VILLAGES FL 32162

Title TRUSTEE
Name GARRISON, NANCY
Address 2971 GLENDA PLACE
City-State-Zip: THE VILLAGES FL 32163

Title REVERAND
Name ONNIE, JANET
Address PO BOX 147
City-State-Zip: EAST LAKE WEIR FL 32133

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: ELEANOR M STRICKLAND

TREASURER

04/08/2019

Electronic Signature of Signing Officer/Director Detail

Date