2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2009
Secretary of State

DOCUMENT# 701334

Entity Name: THE UNITARIAN UNIVERSALIST CONGREGATION OF LAKELAND, INC.

Current Principal Place of Business:

3140 TROY AVENUE
LAKELAND, FL 33803

New Principal Place of Business:

Current Mailing Address:

3140 TROY AVENUE
LAKELAND, FL 33803

New Mailing Address:

FEI Number: 65-0556234 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BODE, JOYCE L
3140 TROY AVE
LAKELAND, FL 33803 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	WALTERS, LINDA	
Address:	3201 ENCLAVE BLVD	
City-St-Zip:	MULBERRY, FL 33860	
Title:	D	( ) Delete
Name:	ELLIS, RAFAELA	
Address:	1033 E PALMETTO ST	
City-St-Zip:	LAKELAND, FL 33801	
Title:	D	( ) Delete
Name:	HELWIG, PETER	
Address:	94 WOODSIDE DR	
City-St-Zip:	LAKELAND, FL 33813	
Title:	T	( ) Delete
Name:	BODE, JOYCE L	
Address:	4906 COLONNADES CIRCLE E.	
City-St-Zip:	LAKELAND, FL 33811	
Title:	D	( ) Delete
Name:	GEORGE, BLENDA	
Address:	4021 WOODCHIME LANE	
City-St-Zip:	LAKELAND, FL 33811	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOYCE L. BODE T 02/07/2009

Electronic Signature of Signing Officer or Director — Date