

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 701876					
1. Entity Name THE UNITARIAN UNIVERSALIST SOCIETY OF THE DAYTONA BEACH AREA, INC.					
Principal Place of Business 56 N. HALIFAX DRIVE ORMOND BEACH, FL 32176			Mailing Address 56 N. HALIFAX DRIVE ORMOND BEACH, FL 32176		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number 59-1539383				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ELLIOTT JR, PHILIP H 125 S PALMETTO AVE DAYTONA BCH., FL 32114				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	
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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Amended AR 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	☒ Delete	TITLE	P	☒ Change ☐ Addition
NAME	MCKEMIE, MARILOU		NAME	Bonnie Bostrom	
STREET ADDRESS	405 DRIFTWOOD		STREET ADDRESS	11 Brookside Cir.	
CITY-ST-ZIP	DAYTONA BEACH, FL 32118		CITY-ST-ZIP	Daytona Beach, FL 32174	
TITLE	VP	☒ Delete	TITLE	V	☐ Change ☒ Addition
NAME	SCHLIEPER, REINHOLD		NAME	Carol Phillips	
STREET ADDRESS	23 SEAFARING PATH		STREET ADDRESS	2727 N. Atlantic Ave #504	
CITY-ST-ZIP	PALM COAST, FL 32164		CITY-ST-ZIP	Daytona Beach, FL 32118	
TITLE	DT	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SEGNER, STEVEN		NAME		
STREET ADDRESS	1737 LOUISIANA RD		STREET ADDRESS		
CITY-ST-ZIP	SO DAYTONA, FL		CITY-ST-ZIP		
TITLE	S	☒ Delete	TITLE	TR (trustee)	☐ Change ☒ Addition
NAME	MILLER, DENISE		NAME	John King	
STREET ADDRESS	49 OCEAN TERR		STREET ADDRESS	122 Bonita Place	
CITY-ST-ZIP	ORMOND BEACH, FL 32176		CITY-ST-ZIP	Ormond Beach, FL 32174	
TITLE	2VT	☒ Delete	TITLE	2V	☐ Change ☒ Addition
NAME	BOSTROM, BONNIE		NAME	Carla Christianson	
STREET ADDRESS	11 BROOKSIDE CIR		STREET ADDRESS	4138 Salina Lane	
CITY-ST-ZIP	ORMOND BEACH, FL 32174		CITY-ST-ZIP	Ormond Beach, FL 32174	
TITLE		☐ Delete	TITLE	S	☐ Change ☒ Addition
NAME			NAME	E. D. Mann	
STREET ADDRESS			STREET ADDRESS	110 Orchard Lane	
CITY-ST-ZIP			CITY-ST-ZIP	Ormond Beach, FL 32176	
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: <u>Bonnie Bostrom</u> Bonnie Bostrom, Pres. 10/25/05 (386) 672-2203					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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