

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90178 022 \*\*\*\*61.25

**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

1st MOORE

CR2E037 (10/05)



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**

Zip Code

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: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when consulting)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

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  
NAME **BOSTROM, BONNIE**  
STREET ADDRESS **11 BROOKSIDE CIR**  
CITY-ST-ZIP **DAYTONA BEACH FL 32118**

TITLE **P** ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **V** ☐ Delete  
NAME **PHILLIPS, CAROL**  
STREET ADDRESS **2727 N ATLANTIC AVE #504**  
CITY-ST-ZIP **DAYTONA BCH FL 32118**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DT** ☐ Delete  
NAME **SEGNER, STEVEN**  
STREET ADDRESS **1737 LOUISIANA RD**  
CITY-ST-ZIP **SO DAYTONA FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **TR** ☐ Delete  
NAME **KING, JOHN TRUSTEE**  
STREET ADDRESS **122 BONITA PLACE**  
CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **2V** ☐ Delete  
NAME **CHRISTIANSON, CARLA**  
STREET ADDRESS **4138 SALINA LANE**  
CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S** ☐ Delete  
NAME **MANN, E D**  
STREET ADDRESS **110 ORCHARD LANE**  
CITY-ST-ZIP **ORMOND BEACH FL 32176**

TITLE **S** ☒ Change ☐ Addition  
NAME **Schlieper, Reinhold**  
STREET ADDRESS **23 Seafaring Path**  
CITY-ST-ZIP **Palm Coast FL 32164**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Bonnie S. Bostrom* **BONNIE S. BOSTROM** 4-16-06 386-672-2203