

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90059 035 ****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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

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

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 reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BOSTROM, BONNIE 11 BROOKSIDE CIR DAYTONA BEACH FL 32118	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V PHILLIPS, CAROL 2727 N ATLANTIC AVE #504 DYATONA BCH FL 32118	<input checked="" type="checkbox"/> Delete
TITLE NAME CITY - ST - ZIP	DT SEGNER, STEVEN SO DAYTONA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TR KING, JOHN TRUSTEE 122 BONITA PLACE ORMOND BEACH FL 32174	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	2V CHRISTIANSON, CARLA 4138 SALINA LANE ORMOND BEACH FL 32174	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SCHLIEPER, REINHOLD 23 SEAFARING PATH PALM COAST FL 32164	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Schlieper, Reinhold 23 Seafaring Path Palm Coast, FL 32164	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V Christianson, Carla 4138 Salina Lane Ormond Beach, FL 32174	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TR Mann, E.D. 110 Orchard Lane Ormond Beach, FL 32176	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	2V Mann, Dorothy 110 Orchard Lane Ormond Beach, FL 32176	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Jackson, Clifford 844 Willow Run Ormond Beach, FL 32174	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 L. Bostrom Bonnie S BOSTROM

4-18-07

386-672-2203

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #