2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 701876

FILED Apr 15, 2009 Secretary of State

Entity Name: THE UNITARIAN UNIVERSALIST SOCIETY OF THE DAYTONA BEACH AREA, INC.

Current Principal Place of Business: New Principal Place of Business: 56 N. HALIFAX DRIVE ORMOND BEACH, FL 32176 **Current Mailing Address: New Mailing Address:** 56 N. HALIFAX DRIVE ORMOND BEACH, FL 32176 FEI Number: 59-1539383 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ELLIOTT JR, PHILIP H ELLIOTT, PHILIP H JR 125 S PALMETTO AVE 435 OCEAN SHORE BLVD. DAYTONA BCH., FL 32114 US ORMOND BEACH, FL 32176 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: ELLIOTT JR, PHILIP H 04/15/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition MANN, DOROTHY Name: Name: 110 ORCHARD LANE Address: Address: City-St-Zip: ORMOND BEACH, FL 32176 City-St-Zip: Title: Title: () Delete () Change () Addition JACKSON, CLIFFORD A Name: Name: Address: 844 WILLOW RUN Address: City-St-Zip: ORMOND BEACH, FL 32174 City-St-Zip: Title: () Delete Title: () Change () Addition SEGNER, STEVEN Name: Name: Address: 1737 LOUISIANA RD Address: City-St-Zip: S. DAYTONA, FL 32119 City-St-Zip: Title: () Delete Title: () Change () Addition SCHABLIK, BARBARA Name: Name: Address: 43 AZALEA DRIVE Address: City-St-Zip: ORMOND BEACH, FL 32176 City-St-Zip: Title: () Delete Title: (X) Change () Addition KENNEDY, JOANNE EVELEIGH, BARBARA Name: Name: 16 DOVER FALLS RD. Address: Address: 141 ERIC DR City-St-Zip: ORMOND BEACH, FL 32174 City-St-Zip: PALM COAST, FL 32164 Title: () Delete Title: (X) Change () Addition KENNEDY, JOANNE SCHLIEPER, REINHOLD Name: Name: Address: 23 SEAFARING PATH Address: 16 DOVER FALLS RD. PALM COAST, FL 32164 ORMOND BEACH, FL 32174 City-St-Zip: 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: CLIFFORD A. JACKSON VP 04/15/2009