2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707545

FILED Apr 21, 2006 Secretary of State

Entity Name: UNITARIAN UNIVERSALIST CHURCH OF JACKSONVILLE, INC.

Current Principal Place of Business: New Principal Place of Business:

7405 ARLINGTON EXPRESSWAY JACKSONVILLE, FL 32211 US

Current Mailing Address: New Mailing Address:

7405 ARLINGTON EXPRESSWAY JACKSONVILLE, FL 32211 US

FEI Number: 59-0996088 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:

COVIAK, SHARON

22 MILLIE DRIVE

JACKSONVILLE BEACH, FL 32250 US

FRATICELLI, CARLOS

230 MAGNOLIA STREET

ATLANTIC BEACH, FL 32223 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: CARLOS FRATICELLI 04/21/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P () Delete
 Title:
 P (X) Change () Addition

 Name:
 STROUD, CYNTHIA
 Name:
 BROMLEY, DARWIN

 Address:
 5643 CREST CREEK DRIVE
 Address:
 13058 HIGHLAND GLEN WAYS

City-St-Zip: JACKSONVILLE, FL 32258

Address: 13036 FIGHLAND GLEN WATS

City-St-Zip: JACKSONVILLE, FL 32224 US

Title: V () Delete Title: V (X) Change () Addition Name: SCHUBERT, WILLIAM Name: SHACTER, DAVID

Address: 1859 LAKE FOREST Address: 426 ORANGE BLUFF AVE
City-St-Zip: ORANGE PARK, FL 32003 City-St-Zip: JACKSONVILLE, FL 32211 US

Title: T () Delete Title: T (X) Change () Addition

Name:COVIAK, SHARONName:FRATICELLI, CARLOSAddress:22 MILLIE DRIVEAddress:230 MAGNOLIA STREETCity-St-Zip:JACKSONVILLE BEACH, FL 32250City-St-Zip:ATLANTIC BEACH, FL 32223 US

Title: () Delete Title: S () Change (X) Addition

Name: Name: WEBER, MARIE

Address: Address: 12700 BARTRAM PARK BLVD, TOWNHOUSE #1311

City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32258 US

I hereby certify that the information supplied with this filing does not qualify for the 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: CARLOS FRATICELLI T 04/21/2006