

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 707545

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

**Entity Name:** UNITARIAN UNIVERSALIST CHURCH OF JACKSONVILLE, INC.

**Current Principal Place of Business:**

7405 ARLINGTON EXPRESSWAY  
JACKSONVILLE, FL 32211 US

**New Principal Place of Business:**

**Current Mailing Address:**

7405 ARLINGTON EXPRESSWAY  
JACKSONVILLE, FL 32211 US

**New Mailing Address:**

**FEI Number:** 59-0996088

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SHACTER, MELODY  
426 ORANGE BLUFF AVE  
JACKSONVILLE, FL 32211 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** MILES, GREGG  
**Address:** 5758 TANGLEWOOD DRIVE  
**City-St-Zip:** JACKSONVILLE, FL 32211 US

**Title:** V  
**Name:** ADIUTORI, JOE  
**Address:** 24492 HARBOUR VIEW DRIVE  
**City-St-Zip:** PONTE VEDRA BEACH, FL 32082 US

**Title:** T  
**Name:** SHACTER, MELODY  
**Address:** 426 ORANGE BLUFF AVE  
**City-St-Zip:** JACKSONVILLE, FL 32211 US

**Title:** S  
**Name:** MCKENNON, ROBERT  
**Address:** 12325 BURNING EMBERS LN, N  
**City-St-Zip:** JACKSONVILLE, FL 32225 US

**Title:** BM  
**Name:** LARSON, THOMAS  
**Address:** 3505 WATERCHASE WAY, E  
**City-St-Zip:** JACKSONVILLE, FL 32224 US

**Title:** BM  
**Name:** LAIRD, SHARON  
**Address:** 3231 TROUT RIVER BLVD.  
**City-St-Zip:** JACKSONVILLE, FL 32208 US

I hereby 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 all other like empowered.

**SIGNATURE:** MELODY SHACTER

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02/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date