

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR 10 PH 8:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 714518 (8)

1. Corporation Name
**FIRST UNITARIAN CHURCH OF ORLANDO ENDOWMENT FUND
, INC.**

Principal Place of Business Mailing Address
1815 E. ROBINSON AVE. ORLANDO FL 32803
1815 E. ROBINSON AVE. ORLANDO FL 32803

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/26/1968	3a. Date of Last Report 05/01/1994
4. FEI Number 59-6205653	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
24 Zip	25 Country
29 Zip	30 Country

9. Name and Address of Current Registered Agent
**LOCKINGTON, JEANETTE K.
1815 E. ROBINSON AVE.
ORLANDO FL 32803**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Jeanette K. Lockington*

(NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	SIEGFRIED, JEAN E.
STREET ADDRESS	1819 STONEHURST RD
CITY- ST- ZIP	WINTER PARK FL
TITLE	SD
NAME	HOMBLETT, DANIEL
STREET ADDRESS	1017 GREENWOOD ST
CITY- ST- ZIP	ORLANDO FL
TITLE	DT
NAME	HULL, JOHN D.
STREET ADDRESS	548 LAKE AVE.
CITY- ST- ZIP	ALTAMONTE SPRINGS FL
TITLE	DVP
NAME	MCGUIRE, LEE
STREET ADDRESS	700 MELROSE AVE #H31
CITY- ST- ZIP	WINTER PARK FL
TITLE	DP
NAME	BRINSON, EVA M.
STREET ADDRESS	3109 INDIAN DR.
CITY- ST- ZIP	ORLANDO FL
TITLE	D
NAME	MORAN, SHERWOOD
STREET ADDRESS	7850 PANTHERA CT.
CITY- ST- ZIP	ORLANDO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SIEGFRIED, JEAN E
1.3 STREET ADDRESS	1819 STONEHURST RD
1.4 CITY- ST- ZIP	WINTER PARK FL 1321 Suffolk Rd
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	BINNS JUDY
3.3 STREET ADDRESS	7015 HYER
3.4 CITY- ST- ZIP	ORLANDO FL
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Eva M. Brinson* Eva M Brinson 3-7-95 (407) 855 0910
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date