

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 714518 (8)

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



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

3. Date Incorporated or Qualified: 04/26/1968  
3a. Date of Last Report: 03/10/1995  
4. FEI Number: 59-6205653  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21 1901 E. Robinson St, Orlando FL 32803  
2a. Mailing Address: 26 1901 E. Robinson St, Orlando FL 32803  
23. City & State: Orlando FL  
24. Zip: 32803, Country: USA

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: JEANETTE K. LOCKINGTON  
82 Street Address (P.O. Box Number Is Not Acceptable): 1901 East Robinson St.  
83 City: ORLANDO  
84 City: ORLANDO, 85 Zip Code: FL 32803

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstalling) DATE: \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |  |
|----------------------------|--|
| TITLE                      | D <input type="checkbox"/> DELETE              |
| NAME                       | SIEGFRIED, JEAN E.                             |
| STREET ADDRESS             | 1321 SUFFOLK RD                                |
| CITY-ST-ZIP                | WINTER PARK FL                                 |
| TITLE                      | SD <input type="checkbox"/> DELETE             |
| NAME                       | HOMBLETTE, DANIEL                              |
| STREET ADDRESS             | 1017 GREENWOOD ST                              |
| CITY-ST-ZIP                | ORLANDO FL                                     |
| TITLE                      | D <input type="checkbox"/> DELETE              |
| NAME                       | BINNS, JUEY                                    |
| STREET ADDRESS             | 7015 HYER                                      |
| CITY-ST-ZIP                | ORLANDO FL                                     |
| TITLE                      | DVP <input checked="" type="checkbox"/> DELETE |
| NAME                       | MCGUIRE, LEE                                   |
| STREET ADDRESS             | 700 MELROSE AVE #H31                           |
| CITY-ST-ZIP                | WINTER PARK FL                                 |
| TITLE                      | DP <input type="checkbox"/> DELETE             |
| NAME                       | BRINSON, EVA M.                                |
| STREET ADDRESS             | 3109 INDIAN DR.                                |
| CITY-ST-ZIP                | ORLANDO FL                                     |
| TITLE                      | D <input checked="" type="checkbox"/> DELETE   |
| NAME                       | MORAN, SHERWOOD                                |
| STREET ADDRESS             | 7550 PANTHERA CT.                              |
| CITY-ST-ZIP                | ORLANDO FL                                     |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|---|---|
| 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME  |   |
| 1.3 STREET ADDRESS                                    |   |
| 1.4 CITY-ST-ZIP                                       |   |
| 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   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME  | D BINNS, JUDY   |
| 3.3 STREET ADDRESS                                    | 701 SOUTH HYER AVENUE   |
| 3.4 CITY-ST-ZIP                                       |   |
| 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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jean E. Siegfried Date: 4.29.96 Daytime Phone #: 407.894.2521  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)