

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90028 034 ****70.00

DOCUMENT # 717411

1. Entity Name

UNIVERSITY UNITED CONGREGATIONAL CHURCH, INC.



Principal Place of Business

9300 UNIVERSITY BOULEVARD
ORLANDO FL 32817

Mailing Address

9300 UNIVERSITY BOULEVARD
ORLANDO FL 32817



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

00-0717411

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LARSEN, LLOYD A REV
8734 PINE BARRENS DRIVE
ORLANDO FL 32817

7. Name and Address of New Registered Agent

Name

Rev. Luis A. Perez

Street Address (P.O. Box Numbers Not Acceptable)

2944 Hunters Ln.

City

Oviedo, FL

FL

Zip Code

32766

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW: FEE IS \$61.25

Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY ST ZIP	SD MCHELE, LIZANNE 518 APPLETON PL OVIEDO FL 32768	☒ Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	T MAGINESS, WILLIAM 65 HILLCREST ST OVIEDO FL 32765	☐ Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	P LARSEN, REV LLOYD A 8734 PINE BARRENS DRIVE ORLANDO FL	☒ Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	P WOLOSZYN, JACK 5935 SHERYL ANITA OVIEDO FL 32765	☒ Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	D THOMPSON, LARRY 815 FIRST STREET ALTAMONTE SPRINGS FL 32701	☒ Delete
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY ST ZIP	P PEREZ, LUIS A. 2944 Hunters Ln. Oviedo, FL 32766	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	T William Maginess (CT) 65 Hillcrest St. Oviedo, FL 32765	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	S Elizabeth Lizanne McHale (CT) 518 Appleton Pl. Oviedo, FL 32768	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D Larry Thompson (CT) 815 First St. Altamonte Springs, FL 32701	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	C Milton Stefan (CT) 3144 Landfree Circle Orlando, FL 32812	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Luis A. Perez

1/24/07

407-657-4278