

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000209

FILED
Jun 04, 2008
Secretary of State

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

Current Principal Place of Business:

7405 ARLINGTON EXPRESSWAY
JACKSONVILLE, FL 32211

New Principal Place of Business:

Current Mailing Address:

7405 ARLINGTON EXPRESSWAY
JACKSONVILLE, FL 32211

New Mailing Address:

FEI Number: 59-0996088 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

TSCHIRKI, CANDACE
7405 ARLINGTON EXPRESSWAY
JACKSONVILLE, FL 32211 US

Name and Address of New Registered Agent:

REID, ALICIA
7405 ARLINGTON EXPRESSWAY
JACKSONVILLE, FL 32211 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: ALICIA REID

06/04/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DS () Delete
Name: REID, ALICIA
Address: 2029 LORDON TERRACE
City-St-Zip: JACKSONVILLE, FL 32207

Title: DV () Delete
Name: JONES, ANNETTE
Address: 14547 CRYSTAL VIEW LANE
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: DP (X) Delete
Name: HENDERSON, SHARON
Address: 806 OCEAN FRONT
City-St-Zip: NEPTUNE BCH, FL 32266

Title: T () Delete
Name: FRATICELLI, CARLOS
Address: 7405 ARLINGTON EXPRESSWAY
City-St-Zip: JACKSONVILLE, FL 32211

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: REID, ALICIA
Address: 2029 LORDON TERRACE
City-St-Zip: JACKSONVILLE, FL 32207

Title: DS (X) Change () Addition
Name: JONES, ANNETTE
Address: 14547 CRYSTAL VIEW LANE
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DT (X) Change () Addition
Name: FRATICELLI, CARLOS
Address: 7405 ARLINGTON EXPRESSWAY
City-St-Zip: JACKSONVILLE, FL 32211

I hereby certify that the information supplied with this filing does not qualify 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: ALICIA REID

DP

06/04/2008

Electronic Signature of Signing Officer or Director

Date