

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Mar 21, 2007 8:00 am
Secretary of State

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03022007 Chg-NP CR2E037 (12/06)

DOCUMENT # N05000011944 1. Entity Name MOSAIC UNITARIAN UNIVERSALIST, INC.					
Principal Place of Business PO BOX 740292 ORANGE CITY, FL 32774-0292			Mailing Address PO BOX 740292 ORANGE CITY, FL 32774-0292		
2. Principal Place of Business - No P.O. Box # c/o Lake Helen UCC		3. Mailing Address 			
Suite, Apt. #, etc. 107 S. Euclid Ave.		Suite, Apt. #, etc. 			
City & State Lake Helen Florida		City & State 			
Zip 32744	Country Volusia	Zip 	Country 		
4. FEI Number 11-3767507			<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent RAYMOND, JUDITH C 2422 PRINCETON RD DELAND, FL 32724			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P NAME DUPREE, JOHN T STREET ADDRESS 43 LYON DR CITY-ST-ZIP DELAND, FL 32724	<input checked="" type="checkbox"/> Delete		TITLE P NAME Raymond, Judith C. STREET ADDRESS 2422 Princeton Rd. CITY-ST-ZIP DeLand, FL 32724	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE V NAME JUDITH, RAYMOND T STREET ADDRESS 2422 PRINCETON RD. CITY-ST-ZIP DELAND, FL 32724	<input checked="" type="checkbox"/> Delete		TITLE V NAME DuPree, Susan P. STREET ADDRESS 43 Lyon Dr. CITY-ST-ZIP DeLand, FL 32724	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME BRADFORD, JANE T STREET ADDRESS 999 N. SANS SOUCI AVE CITY-ST-ZIP DELAND, FL 32720	<input checked="" type="checkbox"/> Delete		TITLE T NAME Baker, Jami STREET ADDRESS 2864 Gimlet Dr. CITY-ST-ZIP Deltona, FL 32738	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME DELL, KAREN T STREET ADDRESS 140 N. SHERIDAN AVE CITY-ST-ZIP DELAND, FL 32720	<input checked="" type="checkbox"/> Delete		TITLE S NAME Stauffer, Lisa J. STREET ADDRESS 541 Gondolier Ter. CITY-ST-ZIP Deltona, FL 32725	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Judith C. Raymond</i>		Judith C. Raymond		3/4/2007	386-734-0759
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	