

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2008 8:00 am
Secretary of State

05-14-2008 90010 014 ****70.00

DOCUMENT # N05000011944

1. Entity Name
MOSAIC UNITARIAN UNIVERSALIST, INC.



Principal Place of Business
**C/O LAKE HELEN UCC
107 S. EUCHID AVE.
LAKE HELEN, FL 32744**

Mailing Address
**PO BOX 740292
ORANGE CITY, FL 32774-0292**

40101701



2. Principal Place of Business - No P.O. Box #
425 S. Volusia Ave.

3. Mailing Address
Suite, Apt. #, etc.

01052008 Chg-NP CR2E037 (12/06)

City & State
Orange City

City & State

4. FEI Number
11-3767507

Applied For
Not Applicable

Zip
32763-5855

Country
USA

Zip

Country

5. Certificate of Status Desired ☒ **\$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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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 **P** ☐ Delete
NAME **RAYMOND, JUDITH C**
STREET ADDRESS **2422 PRINCETON RD.**
CITY-ST-ZIP **DELAND, FL 32724**

TITLE **V** ☒ Delete
NAME **DUPREE, SUSAN P**
STREET ADDRESS **43 LYON DR**
CITY-ST-ZIP **DELAND, FL 32724**

TITLE **T** ☒ Delete
NAME **BAKER, JAMI**
STREET ADDRESS **2864 GIMLET DR.**
CITY-ST-ZIP **DELTONA, FL 32738**

TITLE **S** ☐ Delete
NAME **STAUFFER, LISA J**
STREET ADDRESS **541 GONDOLIER TER.**
CITY-ST-ZIP **DELTONA, FL 32725**

TITLE **D/T** ☐ Delete
NAME **HOFFMAN, ERIC W**
STREET ADDRESS **801 N. BOSTON AVE**
CITY-ST-ZIP **DELAND, FL 32724**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☒ Change ☐ Addition
NAME **Jacobsen, Nancy**
STREET ADDRESS **427 W. Hogle**
CITY-ST-ZIP **DeLand, FL 32720-33165**

TITLE **T** ☒ Change ☐ Addition
NAME **Dupree, Susan P.**
STREET ADDRESS **722 N. Boston Ave.**
CITY-ST-ZIP **DeLand, FL 32724**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

[Handwritten Signature]