

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011944

FILED
Apr 29, 2009
Secretary of State

Entity Name: MOSAIC UNITARIAN UNIVERSALIST, INC.

Current Principal Place of Business:

425 S VOLUSIA AVE
ORANGE CITY, FL 327635855

New Principal Place of Business:

Current Mailing Address:

PO BOX 740292
ORANGE CITY, FL 327740292

New Mailing Address:

FEI Number: 11-3767507

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RAYMOND, JUDITH C
2422 PRINCETON RD
DELAND, FL 32724 US

Name and Address of New Registered Agent:

BOWEN, ANDREW H
655 CHERRY TREE LANE
DELAND, FL 32724 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: ANDREW H. BOWEN

04/29/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RAYMOND, JUDITH C
Address: 2422 PRINCETON RD.
City-St-Zip: DELAND, FL 32724

Title: V () Delete
Name: JACOBSEN, NANCY
Address: 427 W HOGLE
City-St-Zip: DELAND, FL 32720

Title: T () Delete
Name: DUPREE, SUSAN P
Address: 722 N BOSTON AVE
City-St-Zip: DELAND, FL 32724

Title: S () Delete
Name: STAUFFER, LISA J
Address: 541 GONDOLIER TER.
City-St-Zip: DELTONA, FL 32725

Title: D () Delete
Name: HOFFMAN, ERIC W
Address: 801 N. BOSTON AVE
City-St-Zip: DELAND, FL 32724

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: BOWEN, ANDREW H
Address: 655 CHERRY TREE LANE
City-St-Zip: DELAND, FL 32724

Title: VP (X) Change () Addition
Name: LOWERY, JULIE
Address: 2416 LACKLAND DRIVE
City-St-Zip: DELTONA, FL 32738

Title: TRES (X) Change () Addition
Name: LANGDALE, DEBORAH
Address: 2658 DEEP CREEK AVE.
City-St-Zip: DELTONA, FL 32725

Title: SEC (X) Change () Addition
Name: STAUFFER, LISA J
Address: 541 GONDOLIER TER.
City-St-Zip: DELTONA, FL 32725

Title: D (X) Change () Addition
Name: SEILER, ANN-MARIE
Address: 2009 JEFFERSON AVE.
City-St-Zip: DELTONA, FL 32738

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: ANDREW H. BOWEN

PRES

04/29/2009

Electronic Signature of Signing Officer or Director

Date