

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011944

FILED
Feb 28, 2012
Secretary of State

Entity Name: MOSAIC UNITARIAN UNIVERSALIST, INC.

Current Principal Place of Business:

425 S VOLUSIA AVE
SUITE F
ORANGE CITY, FL 327635855

Current Mailing Address:

PO BOX 740292
ORANGE CITY, FL 327740292

New Principal Place of Business:

425 S VOLUSIA AVE
SUITE F
ORANGE CITY, FL 327635855 US

New Mailing Address:

PO BOX 740292
ORANGE CITY, FL 327740292 US

FEI Number: 11-3767507

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EMERSON, ELISSA
714 E. MINNESOTA AVENUE
#A
DELAND, FL 32724 US

Name and Address of New Registered Agent:

RAGSDALE, CARY
481 ALEXANDER AVENUE
DELTONA, FL 32725 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: CARY RAGSDALE

02/28/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: SCHUMAKER, ELIZABETH
Address: 1027 VALLEY FORGE ROAD
City-St-Zip: DELAND, FL 32720 US

Title: VP
Name: RADER, PATRICIA
Address: 615 VESPERS WAY
City-St-Zip: ORANGE CITY, FL 32763 US

Title: TRES
Name: RAGSDALE, CARY
Address: 481 ALEXANDER AVENUE
City-St-Zip: DELTONA, FL 32725 US

Title: SEC
Name: DELL, KAREN
Address: 140 NORTH SHERIDAN
City-St-Zip: DELAND, FL 32720 US

Title: @LG
Name: PARSONS, WILFRED
Address: 189 WALTON BLVD
City-St-Zip: PORT ORANGE, FL US

I hereby 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 all other like empowered.

SIGNATURE: CARY RAGSDALE

TRES

02/28/2012

Electronic Signature of Signing Officer or Director

Date