


FILE NOW: FILING FEE IS \$61.25

FILED

Jun 09 1997 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

**DOCUMENT # N24079 (8)**

1. Corporation Name

**THE FLORIDA DISTRICT OF THE UNITARIAN UNIVERSAL ST ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

116 S MAGNOLIA AVE  
SUITE 1  
OCALA FL 3474  
US

116 S MAGNOLIA AVE  
SUITE 1  
OCALA FL 3474-4178  
US

3. Date Incorporated or Qualified  
**12/23/1987**

3a. Date of Last Report  
**02/13/1996**

2. Principal Place of Business  
21 **1901 E. Robinson St.**

2a. Mailing Address  
26 **1901 E. Robinson St.**

4. FEI Number  
**59-2888056**

Applied For  
Not Applicable

Suite, Apt. #, etc.  
22 **Suite 18**

Suite, Apt. #, etc.  
27 **Suite 18**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State  
23 **Orlando, FL**

City & State  
28 **Orlando, FL**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip Country  
24 **32803** 25 **USA**

Zip Country  
29 **32803** 30 **USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DEWOLF-ART, MARY LOUISE**  
116 S MAGNOLIA AVE  
OCALA FL 34474

81 Name **Rev. Mary C. Higgins**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1901 E. Robinson St.**  
83 **Suite 18**  
84 City **Orlando** 85 Zip Code **FL 32803**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*Rev. Mary C. Higgins*  
Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE  
NAME **LUND, JOAN**  
STREET ADDRESS **3008 W. CLINTON STREET**  
CITY-ST-ZIP **TAMPA FL**

1.1 TITLE **PD** ☐ Change ☒ Addition  
1.2 NAME **ED PORTEUS**  
1.3 STREET ADDRESS **5341 CORAL CT**  
1.4 CITY-ST-ZIP **CAPE CORAL, FL 33904**

TITLE **VPD** ☒ DELETE  
NAME **SPECK, RICHARD**  
STREET ADDRESS **2115 15TH PLACE**  
CITY-ST-ZIP **VERO BEACH FL**

2.1 TITLE **VPD** ☐ Change ☒ Addition  
2.2 NAME **Margaret Evans**  
2.3 STREET ADDRESS **7326 4th Ave. N.**  
2.4 CITY-ST-ZIP **St Petersburg, FL 33710**

TITLE **TD** ☐ DELETE  
NAME **BOLTON, ALEXANDRA**  
STREET ADDRESS **2615 DESOTO WAY SOUTH**  
CITY-ST-ZIP **ST. PETERSBURG FL**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **SD** ☒ DELETE  
NAME **MILLS, JOYCE**  
STREET ADDRESS **6 SPRING PLACE**  
CITY-ST-ZIP **OCALA FL**

4.1 TITLE **SD** ☐ Change ☒ Addition  
4.2 NAME **Rev. Sam Trumbore**  
4.3 STREET ADDRESS **1632 Furness Nelson Blvd.**  
4.4 CITY-ST-ZIP **Pont Charlotte, FL 33949**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

*Sandra B. Mortham*  
Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)

CR2E037 (9/96)