

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24079

FILED
Apr 30, 2007
Secretary of State

Entity Name: THE FLORIDA DISTRICT OF THE UNITARIAN UNIVERSALIST ASSOCIATION, INC.

Current Principal Place of Business:

1901 E ROBINSON ST
STE. 18
ORLANDO, FL 32803 US

New Principal Place of Business:

Current Mailing Address:

1901 E ROBINSON ST
STE. 18
ORLANDO, FL 32803 US

New Mailing Address:

FEI Number: 59-3451507 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HIGGINS, MARY C REV
1901 E ROBINSON ST
STE. 18
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

HURTO, KENNETH G REV
1901 E ROBINSON ST
STE. 18
ORLANDO, FL 32803 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: KENNETH G. HURTO

04/30/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HELLE, STEVE
Address: 9058 FRYLAND BLVD.
City-St-Zip: ORLANDO, FL 32817

Title: V () Delete
Name: CARVER, JENNIFER
Address: 1608 REDWOOD DR.
City-St-Zip: TALLAHASSEE, FL 32301

Title: T () Delete
Name: BODE, WILLIAM
Address: 562801 ARBOR CLUB WAY
City-St-Zip: BOCA RATON, FL 33433

Title: S () Delete
Name: GILLESPIE, PATRICIA
Address: 91 SAN JUAN DR., UNIT CC3
City-St-Zip: PONTE VEDRA BEACH, FL 32082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CARVER, JENNIFER
Address: 1608 REDWOOD DRIVE
City-St-Zip: TALLAHASSEE, FL 32301

Title: V (X) Change () Addition
Name: CHRISTENSEN, RACHEL
Address: 412 MEAD DRIVE
City-St-Zip: OVIEDO, FL 32765

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: PITKIN, STEPHEN
Address: 1480 E 13TH STREET
City-St-Zip: STUART, FL 34996

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: JENNIFER CARVER

P

04/30/2007

Electronic Signature of Signing Officer or Director

Date