

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE DATE: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$300)

APPROVED AND FILED

95 JUN 29 AM 11:21

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

NONPROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
 Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N93000000594 (2)
 Corporation Name

FIRST UNITARIAN CHURCH OF ORLANDO, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **1815 EAST ROBINSON STREET ORLANDO FL 32803**
 Mailing Address: **1815 EAST ROBINSON STREET ORLANDO FL 32803**

3. Date Incorporated or Qualified 02/03/1993	3a. Date of Last Report 03/03/1994
4. FEI Number 59-0823945	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	FILING FEE IS \$61.25
8. This corporation has liability for intangible tax under s. 100.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 2b
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent
LITTLE, HARRIET
1815 EAST ROBINSON STREET
ORLANDO FL 32803

10. Name and Address of New Registered Agent
 81 Name: **Sandra Pollock**
 82 Street Address (P.O. Box Number is Not Acceptable): **1815 East Robinson Street**
 83
 84 City: **Orlando** FL 85 Zip Code: **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: *[Signature]* **S. J. LIEBERMAN** **TREASURER** DATE: **6/21/95**

12. OFFICERS AND DIRECTORS

TITLE	PT
NAME	LITTLE, HARRIET L
STREET ADDRESS	200 ST. ANDREWS BLVD #1703
CITY - ST - ZIP	WINTER PARK FL
TITLE	VPT
NAME	SAHULMAN, SANDRA
STREET ADDRESS	338 D GEORGETOWN DRIVE
CITY - ST - ZIP	CASSELBERRY FL
TITLE	ST
NAME	REYNOLDS, PATRICIA
STREET ADDRESS	2820 LAKE ARNOLD PLACE
CITY - ST - ZIP	ORLANDO FL
TITLE	TT
NAME	THROOP, CHARLES T
STREET ADDRESS	821 WAYNE AVE
CITY - ST - ZIP	ALTAMONTE SPRINGS FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/TT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Sandra Pollock	
1.3 STREET ADDRESS	2709 East Church Street	
1.4 CITY - ST - ZIP	Orlando, FL 32803	
2.1 TITLE	VP/Tr	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Darrell Murray	
2.3 STREET ADDRESS	615 East Concord Street	
2.4 CITY - ST - ZIP	Orlando, FL 32803	
3.1 TITLE	VP/Tr	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Sandra Cawthern	
3.3 STREET ADDRESS	338 D Georgetown Drive	
3.4 CITY - ST - ZIP	Casselberry, FL 32707	
4.1 TITLE	T/Tr	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Stan Lieberman	
4.3 STREET ADDRESS	17 Rosearden Drive	
4.4 CITY - ST - ZIP	Orlando, FL 32803	
5.1 TITLE	S/Tr	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Jenny Lockington	
5.3 STREET ADDRESS	1214 Gelwood Ave.	
5.4 CITY - ST - ZIP	Orlando, FL 32807	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: *[Signature]* **S. J. LIEBERMAN** DATE: **6/21/95** (407) 898-3621

CR2E037 (3/95)