

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N93000000594 (2)**

1. Corporation Name

FIRST UNITARIAN CHURCH OF ORLANDO, INC.



Principal Place of Business 1815 EAST ROBINSON STREET ORLANDO FL 32803	Mailing Address 1815 EAST ROBINSON STREET ORLANDO FL 32803
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3. Date Incorporated or Qualified 02/03/1993	3a. Date of Last Report 06/29/1995
4. FEI Number 59-0823945	Applied For <input 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 1901 East Robinson St.	2a. Mailing Address 26 1901 East Robinson St.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Orlando, FL	City & State 28 Orlando, FL
Zip 24 32803	Country 25 USA
Zip 29 32803	Country 30 USA

9. Name and Address of Current Registered Agent POLLOCK, SANDRA 1815 EAST ROBINSON STREET ORLANDO FL 32803	10. Name and Address of New Registered Agent 81 Name Pollock, Sandra 82 Street Address (P.O. Box Number is Not Acceptable) 1901 East Robinson Street 83 84 City Orlando 85 Zip Code FL 32803
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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: *Sandra L. Pollock* **Resident** **2/5/96**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	PT	
NAME	POLLOCK, SANDRA	
STREET ADDRESS	2709 EAST CHURCH ST.	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	VT	
NAME	MURRAY, DARRELL	
STREET ADDRESS	615 EAST CONCORD ST.	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	VT	
NAME	CAWTHERN, SANDRA	
STREET ADDRESS	338 D GEORGETOWN DRIVE	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	TT	
NAME	LIEBERMAN, STAN	
STREET ADDRESS	17 ROSEARDEN DRIVE	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	ST	
NAME	LOCKINGTON, JENNY	
STREET ADDRESS	1214 GELWOOD AVE.	
CITY-ST-ZIP	ORLANDO FL 32807	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE	PT		
1.2 NAME	Pollock, Sandra		
1.3 STREET ADDRESS	2709 Church Street 2021 OREGON ST.		
1.4 CITY-ST-ZIP	Orlando, FL 32803		
2.1 TITLE	VT		
2.2 NAME	Murray, Darrell		
2.3 STREET ADDRESS	540 Buckminster Circle		
2.4 CITY-ST-ZIP	Orlando, FL 32803		
3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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, changed, or on an attachment with an address.

SIGNATURE: *Stan Lieberman* **STAN LIEBERMAN TREASURER 2/2/96 (407) 898-3621**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)