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Feb 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

Mailing Address

1901 EAST ROBINSON STREET
ORLANDO FL 32803
US

1901 EAST ROBINSON STREET
ORLANDO FL 32803-5934
US

3. Date Incorporated or Qualified
02/03/1993

3a. Date of Last Report
02/09/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip 25 Country

29 Zip 30 Country

4. FEI Number
59-0823945

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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

POLLOCK, SANDRA
1901 EAST ROBINSON STREET
ORLANDO FL 32803

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 Pollock
Signature, typed or printed name of Registered Agent, and title, if applicable.

President
(NOTE: Registered Agent Signature Required when reinstating)

DATE

2/10/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PT DELETE
NAME POLLOCK, SANDRA
STREET ADDRESS 2021 OREGON STREET
CITY-ST-ZIP ORLANDO FL

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VT DELETE
NAME MURRAY, DARRELL
STREET ADDRESS 540 BUCKMINSTER CIRCLE
CITY-ST-ZIP ORLANDO FL

2.1 TITLE Change Addition
2.2 NAME VT
2.3 STREET ADDRESS Mike & Wendy McCleskey
2.4 CITY-ST-ZIP 8683 Renova Court
Orlando, FL 32825

TITLE VT DELETE
NAME CAWTHERN, SANDRA
STREET ADDRESS 338 D GEORGETOWN DRIVE
CITY-ST-ZIP CASSELBERRY FL 32707

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

TITLE TT DELETE
NAME LIEBERMAN, STAN
STREET ADDRESS 17 ROSEARDEN DRIVE
CITY-ST-ZIP ORLANDO FL 32803

4.1 TITLE Change Addition
4.2 NAME TT
4.3 STREET ADDRESS Thomas Decker
4.4 CITY-ST-ZIP 8024 Bridgestone Dr.
Orlando, FL 32835

TITLE ST DELETE
NAME LOCKINGTON, JENNY
STREET ADDRESS 1214 GELWOOD AVE.
CITY-ST-ZIP ORLANDO FL 32807

5.1 TITLE Change Addition
5.2 NAME ST
5.3 STREET ADDRESS John Sanders
5.4 CITY-ST-ZIP 641 Williams Dr.
Winter Park, FL 32789

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS DECKER
TREASURER

Date

2-10-97

Daytime Phone # 0016404

407-292-9033

CR2E037 (9/96)