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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000000594

1. Corporation Name
FIRST UNITARIAN CHURCH OF ORLANDO, INC.

Principal Place of Business 1901 EAST ROBINSON STREET ORLANDO FL 32803 US	Mailing Address 1901 EAST ROBINSON STREET ORLANDO FL 32803 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/03/1993
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-0823945
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

SIEGFRIED, JEAN
 1901 EAST ROBINSON ST
 ORLANDO FL 32803

10. Name and Address of New Registered Agent

81 Name: **Jean Siegfried**
 82 Street Address (P.O. Box Number is Not Acceptable):
 1901 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: *Jean Siegfried* **President** DATE: 1-12-99

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIEGFRIED, JEAN	1.2 NAME	
STREET ADDRESS	1321 SUFFOLK RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32789	1.4 CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIKE & WENDY MCCLESKEY	2.2 NAME	Bill Baker
STREET ADDRESS	8683 RENOVA COURT	2.3 STREET ADDRESS	4820 Ft. Christmas Road
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	Christmas, FL 32709
TITLE	VT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLMAN, NANCY	3.2 NAME	
STREET ADDRESS	3019 NORTHWOOD BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32803	3.4 CITY-ST-ZIP	
TITLE	TT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROSS, JANE	4.2 NAME	
STREET ADDRESS	9716 FERNWICKE CT	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32819	4.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EMERSON, CARMEN	5.2 NAME	Sharon Durrant
STREET ADDRESS	3236 INVERNESS COURT	5.3 STREET ADDRESS	5018 Barton Dr.
CITY-ST-ZIP	ORLANDO FL 32806	5.4 CITY-ST-ZIP	Orlando, FL 32807
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: *Jean Siegfried* DATE: 1-15-99 DAYTIME PHONE #: 407-898-3621

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)