

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 15, 2002 8:00 am
Secretary of State

07-15-2002 90193 014 ****61.25

DOCUMENT # N93000000594

1. Entity 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

B0129288



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0823945

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

POLLOCK, SANDRA
 FIRST UNITARIAN CHURCH OF ORLANDO
 1901 E ROBINSON ST
 ORLANDO FL 32803

7. Name and Address of New Registered Agent

Name **LORNA Ahrens**
 Street Address (P.O. Box Number is Not Acceptable) **First Unitarian Church of Orlando**
1901 E. Robinson Street
 City **Orlando** FL Zip Code **32803**

8. 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

Lorna Ahrens, President

7-1-02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PT	<input checked="" type="checkbox"/> Delete
NAME	POLLOCK, SANDRA	
STREET ADDRESS	2021 OREGON STREET	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	VT	<input type="checkbox"/> Delete
NAME	DURRANT, SHARON	
STREET ADDRESS	5018 BARTON DR.	
CITY-ST-ZIP	ORLANDO FL 32807	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	EMERSON, CARMEN	
STREET ADDRESS	3236 INVERNESS COURT	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	TT	<input type="checkbox"/> Delete
NAME	GROSS, JANE	
STREET ADDRESS	9716 FERNWICKE CT	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	BENNETT, NANCY	
STREET ADDRESS	3685 DUBSDREAD CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lorna Ahrens	
STREET ADDRESS	1075 Golfside Dr.	
CITY-ST-ZIP	Winter Park FL 32792	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jean Erwin	
STREET ADDRESS	116 Fernwood Street	
CITY-ST-ZIP	Orlando FL 32806	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Donald Crandall	
STREET ADDRESS	515 Clayton Street	
CITY-ST-ZIP	Orlando FL 32804	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Lorna Ahrens, President

7-1-02

407-898 3621

CR2E037 (9/01)