


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 04, 2004 8:00 am
Secretary of State

08-04-2004 90015 048 ****61.25

DOCUMENT # N93000000594
 1. Entity Name
FIRST UNITARIAN CHURCH OF ORLANDO, INC.



Principal Place of Business Mailing Address
1901 EAST ROBINSON STREET **1901 EAST ROBINSON STREET**
ORLANDO FL 32803 **ORLANDO FL 32803**
US **US**

J4UDD / UJ



MOORE CR2E037 (4/04)

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
~~AHRENS, LORNA~~
FIRST UNITARIAN CHURCH OF ORLANDO
1901 E ROBINSON ST
ORLANDO FL 32803

7. Name and Address of New Registered Agent
 Name **Carmen Emerson**
 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. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE *Carmen M Emerson* **CARMEN M. EMERSON** **7/31/04**
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
Due By September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PT	<input checked="" type="checkbox"/> Delete
NAME	AHRENS, LORNA	
STREET ADDRESS	1075 GOLFSIDE DR	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	V	<input type="checkbox"/> Delete
NAME	SIEGFRIED, JEAN	
STREET ADDRESS	132 SUFFOLK RD	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	ERWIN, JOAN	
STREET ADDRESS	116 FERNWOOD STREET	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	TT	<input checked="" type="checkbox"/> Delete
NAME	GROSS, JANE	
STREET ADDRESS	9716 FERNWICKE CT	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	ISSEN, HAROLD	
STREET ADDRESS	712 LONDON RD	
CITY-ST-ZIP	WINTER PARK FL 32792	
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	Carmen Emerson	
STREET ADDRESS	3236 Inverness Court	
CITY-ST-ZIP	Orlando, FL 32806	
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	Marna Rasmussen	
STREET ADDRESS	6648 Brickell Court	
CITY-ST-ZIP	Orlando, FL 32809	
TITLE	TT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jeter Walker	
STREET ADDRESS	3038 Plaza Terrace Drive	
CITY-ST-ZIP	Orlando, FL 32803	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Curtis Michelson	
STREET ADDRESS	1515 E. Esther Street	
CITY-ST-ZIP	Orlando, FL 32806	
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: *Carmen M Emerson* **CARMEN M. EMERSON** **7/31/04** **407-848-3621**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #