

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 16, 2006 8:00 am**  
**Secretary of State**

06-16-2006 90103 048 \*\*\*\*61.25

<b>DOCUMENT # N93000000594</b> 1. Entity Name <b>FIRST UNITARIAN CHURCH OF ORLANDO, INC.</b>					
Principal Place of Business <b>1901 EAST ROBINSON STREET          ORLANDO, FL 32803 US</b>			Mailing Address <b>1901 EAST ROBINSON STREET          ORLANDO, FL 32803 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-0823945</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>KERKHOFF, DIANE P          FIRST UNITARIAN CHURCH OF ORLANDO          1901 EAST ROBINSON STREET          ORLANDO, FL 32803</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$61.25          Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>KERKHOFF, DIANE P</b>		NAME		
STREET ADDRESS	<b>307 SOUTH BROWN AVENUE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ORLANDO, FL 32801</b>		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SIEGFRIED, JEAN</b>		NAME	<b>Kathy Homblette</b>	
STREET ADDRESS	<b>132 SUFFOLK RD</b>		STREET ADDRESS	<b>1017 Greenwood Street</b>	
CITY-ST-ZIP	<b>WINTER PARK, FL 32789</b>		CITY-ST-ZIP	<b>Orlando, FL 32807</b>	
TITLE	VT	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>RASMUSSEN, MARNA</b>		NAME	<b>Ann Cook</b>	
STREET ADDRESS	<b>6648 BRICKELL COURT</b>		STREET ADDRESS	<b>1410 S, Osceola Ave.</b>	
CITY-ST-ZIP	<b>ORLANDO, FL 32809</b>		CITY-ST-ZIP	<b>Orlando, FL 32806</b>	
TITLE	TT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ROMAINE, MARIANNE</b>		NAME		
STREET ADDRESS	<b>3665 DUBSDREAD CIRCLE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ORLANDO, FL 32804</b>		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HOMBIETTE, KATHY</b>		NAME	<b>Susan Anastasio</b>	
STREET ADDRESS	<b>1017 GREENWOOD STREET</b>		STREET ADDRESS	<b>401 E. Robinson Street #303</b>	
CITY-ST-ZIP	<b>ORLANDO, FL 32801</b>		CITY-ST-ZIP	<b>Orlando, FL 32803</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	<b>T Joan Nelson</b>	
STREET ADDRESS			STREET ADDRESS	<b>1565 Mayfield Ave.</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>Winter Park, FL 32789</b>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE: <u>Marianne Romaine</u> MARIANNE ROMAINE</b>			<b>6/12/2006</b>		<b>407 898-3621</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>