

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 12, 2007 8:00 am**  
**Secretary of State**

07-12-2007 90056 021 \*\*\*\*61.25

|  |   |                           |   |                                       |  |
|--|---|---------------------------|---|---------------------------------------|--|
| <b>DOCUMENT # N93000000594</b>   |   |                           |   |                                       |  |
| <b>1. Entity Name</b><br>FIRST UNITARIAN CHURCH OF ORLANDO, INC.   |   |                           |   |                                       |  |
| <b>Principal Place of Business</b><br>1901 EAST ROBINSON STREET<br>ORLANDO, FL 32803 US  |   |                           | <b>Mailing Address</b><br>1901 EAST ROBINSON STREET<br>ORLANDO, FL 32803 US   |                                       |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>  |   | <b>3. Mailing Address</b> |   |                                       |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.       |   |                                       |  |
| City & State   |   | City & State              |   | 07052007 Chg-NP CR2E037 (12/06)       |  |
| Zip  |   | Country                   |   | 4. FEI Number<br><b>59-0823945</b>    |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   |                           |   | <b>\$8.75 Additional Fee Required</b> |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>KERKHOFF, DIANE P<br>FIRST UNITARIAN CHURCH OF ORLANDO<br>1901 EAST ROBINSON STREET<br>ORLANDO, FL 32803   |   |                           | <b>7. Name and Address of New Registered Agent</b><br><br>Name <u>Kathryn Homblette</u><br>Street Address (P.O. Box Number is Not Acceptable) <u>First Unitarian Church of Orlando</u><br><u>1901 East Robinson Street</u><br>City <u>Orlando</u> <u>FL</u> Zip Code <u>32803</u> |                                       |  |
| 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 <u>Kathryn M. Homblette</u><br><small>Signature, typed or printed name of registered agent and title if applicable</small>   |   |                           | <u>Kathryn M. Homblette</u><br><small>Signature required when reinstating</small>   |                                       |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by September 14, 2007</b>   |   |                           | 9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>  |                                       |  |
| <b>Make check payable to Florida Department of State</b>   |   |                           |   |                                       |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |                           |   |                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PT<br>KERKHOFF, DIANE P<br>307 SOUTH BROWN AVENUE<br>ORLANDO, FL 32801 <input checked="" type="checkbox"/> Delete                                   |                           |   |                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VT<br>HOMBLETTE, KATHY<br>1017 GREENWOOD ST<br>ORLANDO, FL 32807 <input checked="" type="checkbox"/> Delete   |                           |   |                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VT<br>COOK, ANN<br>1410 S OSCEOLA AVE<br>ORLANDO, FL 32806 <input checked="" type="checkbox"/> Delete   |                           |   |                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TT<br>ROMAINE, MARIANNE<br>3665 DUBSDREAD CIRCLE<br>ORLANDO, FL 32804 <input type="checkbox"/> Delete   |                           |   |                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | ST<br>ANASTASIO, SUSAN<br>401 E ROBINSON ST STE 303<br>ORLANDO, FL 32803 <input checked="" type="checkbox"/> Delete                                 |                           |   |                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | T<br>NELSON, JOAN<br>1565 MAYFIELD AVE<br>WINTER PARK, FL 32789 <input checked="" type="checkbox"/> Delete  |                           |   |                                       |  |
| <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>   |   |                           |   |                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PT<br>Homblette, Kathryn<br>1017 Greenwood Street<br>Orlando, FL 32801 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |                           |   |                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VT<br>Paszkowski, Suzanne<br>3416 Grant Blvd.<br>Orlando, FL 32804 <input type="checkbox"/> Change <input type="checkbox"/> Addition                |                           |   |                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | ST<br>Gilkeson, Jim<br>4906 Lake Sharp Dr.<br>Orlando, FL 32817 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition        |                           |   |                                       |  |
| 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:</b> <u>Kathryn M. Homblette</u> <u>Kathryn M. Homblette</u> <u>7/9/07</u> <u>401-898-9593</u>  |   |                           |   |                                       |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   |                           |   |                                       |  |