


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

07-12-2007 90056 021 ****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			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent KERKHOFF, DIANE P FIRST UNITARIAN CHURCH OF ORLANDO 1901 EAST ROBINSON STREET ORLANDO, FL 32803				7. Name and Address of New Registered Agent Name Kathryn Homblette Street Address (P.O. Box Number is Not Acceptable) First Unitarian Church of Orlando 1901 East 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 <i>Kathryn M. Homblette</i>		SIGNATURE <i>Kathryn M. Homblette</i>		DATE 7/9/07	
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT KERKHOFF, DIANE P 307 SOUTH BROWN AVENUE ORLANDO, FL 32801	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT Homblette, Kathryn 1017 Greenwood Street Orlando, FL 32801	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT HOMBLETTE, KATHY 1017 GREENWOOD ST ORLANDO, FL 32807	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT COOK, ANN 1410 S OSCEOLA AVE ORLANDO, FL 32806	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT Paszkowski, Suzanne 3416 Grant Blvd. Orlando, FL 32804	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT ROMAINE, MARIANNE 3665 DUBSDREAD CIRCLE ORLANDO, FL 32804	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ANASTASIO, SUSAN 401 E ROBINSON ST STE 303 ORLANDO, FL 32803	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Gilkeson, Jim 4906 Lake Sharp Dr. Orlando, FL 32817	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NELSON, JOAN 1585 MAYFIELD AVE WINTER PARK, FL 32789	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input 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.					
SIGNATURE: <i>Kathryn M. Homblette</i>		SIGNATURE: <i>Kathryn M. Homblette</i>		DATE: 7/9/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	

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07052007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-0823945 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

407-898-9593