

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000001045 (4)

1. Corporation Name

UNIVERSITY UNITARIAN UNIVERSALIST SOCIETY, INC.,
OF SEMINOLE COUNTY, FLORIDA

Principal Place of Business

P O BOX 2213
GOLDENROD FL 32733

Mailing Address

P O BOX 2213
GOLDENROD FL 32733



3. Date Incorporated or Qualified
02/23/1993

3a. Date of Last Report
02/22/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-3172745

Applied For
Not Applicable

22. Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23. City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24. Zip

Country

29. Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FERGUSON, RAYMOND
2644 FALMOUTH ROAD
MAITLAND FL 32751

81. Name

KARL E. PETERS

82. Street Address (P.O. Box Number is Not Acceptable)

4624 THORNHILL RD.

83.

84. City

ORLANDO

FL

85. Zip Code

32817

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

April 1, 1996

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
BURKART, ROBERT
STREET ADDRESS
2855 BUCKSKIN STARLIGHT RANCH
CITY - ST - ZIP
ORLANDO FL

TITLE ☐ DELETE

NAME
LUNDIN, BARRY
STREET ADDRESS
1534 INDIAN DANCE CT
CITY - ST - ZIP
MAITLAND FL

TITLE ☐ DELETE

NAME
HELLE, STEVE
STREET ADDRESS
9058 FRYLAND BLVD.
CITY - ST - ZIP
ORLANDO FL 32817

TITLE ☐ DELETE

NAME
FERGUSON, RAYMOND
STREET ADDRESS
2644 FALMOUTH ROAD
CITY - ST - ZIP
MAITLAND FL

TITLE ☐ DELETE

NAME
BESST, DAVID
STREET ADDRESS
1810 HURON TRAIL
CITY - ST - ZIP
MAITLAND FL

TITLE ☐ DELETE

NAME
REINHART, DEBBIE
STREET ADDRESS
2836 LEXINGTON COURT
CITY - ST - ZIP
OVIEDO FL 32765

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

RICHARD M EVANS
1158 CARMEL CIRCLE #240
CABELBERRY FL 32707

KARL E PETERS
4624 THORNHILL RD.
ORLANDO FL 32817

ROSAMOND DEASON
12253 SHADY SPRING WAY
ORLANDO FL 32828

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Raymond W. Ferguson RAYMOND W. FERGUSON (T) 4/1/96 407834 8957

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)