


FILE NOW: FILING FEE IS \$61.25

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Feb 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000001045 (4)**

1. Corporation Name

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

Principal Place of Business

Mailing Address

P O BOX 2213  
GOLDENROD FL 32733

P O BOX 2213  
GOLDENROD FL 32733-2213



3. Date Incorporated or Qualified <b>02/23/1993</b>	3a. Date of Last Report <b>04/05/1996</b>
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>59-3172745</b>	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
23 Zip	28 Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24 Country	29 Country		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PETERS, KARL E.  
4624 THORNLEA ROAD  
ORLANDO FL 32817**

81 Name <b>FLYNN, RICHARD P</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>2302 HICKORY LN</b>
83
84 City <b>ORLANDO</b>
85 Zip Code <b>FL 32803</b>

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 **Richard P Flynn** **TREASURER** **2/9/97**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BURKART, ROBERT</b>	1.2 NAME	<b>STEVE HELLE</b>
STREET ADDRESS	<b>2855 BUCKSKIN STARLIGHT RANCH</b>	1.3 STREET ADDRESS	<b>9058 FRYLAND BLVD</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>	1.4 CITY-ST-ZIP	<b>ORLANDO FL 32817</b>
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LUNDIN, BARRY</b>	2.2 NAME	<b>ERIC CHRISTENSEN</b>
STREET ADDRESS	<b>1534 INDIAN DANCE CT</b>	2.3 STREET ADDRESS	<b>412 MEAD DRIVE</b>
CITY-ST-ZIP	<b>MAITLAND FL</b>	2.4 CITY-ST-ZIP	<b>OVIEDO FL 32765</b>
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>EVANS, RICHARD M.</b>	3.2 NAME	<b>RICHARD P FLYNN</b>
STREET ADDRESS	<b>1158 CARMEL CIRCLE #240</b>	3.3 STREET ADDRESS	<b>2302 HICKORY LN</b>
CITY-ST-ZIP	<b>CASSELBERRY FL</b>	3.4 CITY-ST-ZIP	<b>ORLANDO FL 32803</b>
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FERGUSON, RAYMOND</b>	4.2 NAME	<b>KATHY ANDERSON</b>
STREET ADDRESS	<b>2644 FALMOUTH ROAD</b>	4.3 STREET ADDRESS	<b>1219 EASTIN AVE</b>
CITY-ST-ZIP	<b>MAITLAND FL</b>	4.4 CITY-ST-ZIP	<b>ORLANDO FL 32804</b>
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PETERS, KARL E.</b>	5.2 NAME	
STREET ADDRESS	<b>4624 THORNLEA ROAD</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL</b>	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DEASON, ROSAMOND</b>	6.2 NAME	
STREET ADDRESS	<b>12253 SHADY DPRING WAY</b>	6.3 STREET ADDRESS	<b>12253 SHADY SPRING WAY</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>	6.4 CITY-ST-ZIP	

14. I do 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 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: **Richard P Flynn** **REQUIRED** **2/9/97**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **0013848**

CR2E037 (9/96)