

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90142 036 \*\*\*\*61.25

DOCUMENT # **N93000001045**

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

1119531.90142.536 3 \*



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

**02/23/1993**

4. FEI Number

**59-3172745**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fees Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

**FLYNN, RICHARD P  
2302 HICKORY LANE  
ORLANDO FL 32803**

10. Name and Address of New Registered Agent

81 Name

**KEITH CARLSON**

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

**12017 STUDENT DRIVE**

83

84 City

**ORLANDO**

**FL**

85 Zip Code

**32826**

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

*Keith A. Carlson*

**KEITH A. CARLSON**

**TREASURER**

**14 FEBRUARY 1999**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HELLE, STEVE</b>	
STREET ADDRESS	<b>9058 FRYLAND BLVD</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>CHRISTENSEN, ERIC</b>	
STREET ADDRESS	<b>412 MEAD DR</b>	
CITY-ST-ZIP	<b>OVIEDO FL</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>FLYNN, RICHARD P</b>	
STREET ADDRESS	<b>2302 HICKORY LANE</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ANDERSON, KATHY</b>	
STREET ADDRESS	<b>1219 EASTIN AVE</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HARGETT, PAUL</b>	
STREET ADDRESS	<b>5807 WILLOW BUD CT.</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32807</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SLAYMAN, DORIS</b>	
STREET ADDRESS	<b>200 ST ANDREWS BLVD</b>	
CITY-ST-ZIP	<b>WINTER PARK FL 32792</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>LUNDIN, BARRY</b>	
1.3 STREET ADDRESS	<b>1534 INDIAN DANCE COURT</b>	
1.4 CITY-ST-ZIP	<b>MAITLAND, FL 32751</b>	
2.1 TITLE	<b>VICE PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>CHRISTENSEN, RACHEL</b>	
2.3 STREET ADDRESS	<b>412 MEAD DRIVE</b>	
2.4 CITY-ST-ZIP	<b>OVIEDO, FL 32765</b>	
3.1 TITLE	<b>TREASURER</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>CARLSON, KEITH A.</b>	
3.3 STREET ADDRESS	<b>12017 STUDENT DRIVE</b>	
3.4 CITY-ST-ZIP	<b>ORLANDO, FL 32826</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	<b>SECRETARY</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>TATE, DENISE</b>	
6.3 STREET ADDRESS	<b>103 SISO COVE</b>	
6.4 CITY-ST-ZIP	<b>WINTER SPRINGS, FL 32708</b>	

14. I 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, with all other like empowered.

SIGNATURE:

*Keith A. Carlson* **KEITH A. CARLSON**

**14 FEBRUARY 1999**

**(407) 282-8295**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)