


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90056 049 ****61.25

DOCUMENT # N93000001045 1. Entity Name UNIVERSITY UNITARIAN UNIVERSALIST SOCIETY, INC.					
Principal Place of Business 11648 MCCULLOCH ROAD ORLANDO, FL 32817			Mailing Address PO BOX 780997 ORLANDO, FL 32878-0997		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3172745	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WESTSTRATE, JACOB M 526 DEVON PLACE HEATHROW, FL 32746				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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	D	<input type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARMON, JAN		NAME	BONNIE ELLISON	
STREET ADDRESS	2503 WESTMINSTER		STREET ADDRESS	HIS MEAD DRIVE	
CITY-ST-ZIP	OVIEDO, FL 32765		CITY-ST-ZIP	OVIEDO, FL 32765	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHNSON, RITA		NAME	MIKE REID	
STREET ADDRESS	P.O. BOX 1034		STREET ADDRESS	P.O. BOX 170	
CITY-ST-ZIP	GENEVA, FL 32732		CITY-ST-ZIP	GENEVA, FL 32732	
TITLE	T	<input type="checkbox"/> Delete	TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WESTSTRATE, JACOB M		NAME	SHELLY COFFEY	
STREET ADDRESS	526 DEVON PLACE		STREET ADDRESS	2364 FOLIAGE OAK TOR.	
CITY-ST-ZIP	HEATHROW, FL 32746		CITY-ST-ZIP	OVIEDO, FL 32766	
TITLE	D	<input type="checkbox"/> Delete	TITLE		
NAME	FLICK, ROBERT		NAME		
STREET ADDRESS	1028 GOLFSIDE DR.		STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK, FL 32792		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE		
NAME	CAMPBELL, MICHAEL		NAME		
STREET ADDRESS	863 E. PALM VALLEY DR.		STREET ADDRESS		
CITY-ST-ZIP	OVIEDO, FL 32765		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE		
NAME	RUCKMAN, LISA		NAME		
STREET ADDRESS	894 COMMONWEALTH CT.		STREET ADDRESS		
CITY-ST-ZIP	CASSELBERRY, FL 32707		CITY-ST-ZIP		
12. 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 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>Jacob M. Weststrate</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 01/25/05 Daytime Phone # 407-333-7779		