

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001045

FILED
Apr 10, 2007
Secretary of State

Entity Name: UNIVERSITY UNITARIAN UNIVERSALIST SOCIETY, INC.

Current Principal Place of Business:

11648 MCCULLOCH ROAD
ORLANDO, FL 32817

New Principal Place of Business:

Current Mailing Address:

PO BOX 780997
ORLANDO, FL 328780997

New Mailing Address:

FEI Number: 59-3172745

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LONG, WILLIAM F.E
621 BROOKSIDE DR
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HARMON, JAN
Address: 2503 WESTMINSTER
City-St-Zip: OVIEDO, FL 32765

Title: P/C () Delete
Name: MARCH, ALLAN
Address: 1648 EAGLE NEST CIRCLE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: T () Delete
Name: LONG, WILLIAM R.E
Address: 621 BOOKSIDE DR.
City-St-Zip: MAITLAND, FL 32751

Title: D () Delete
Name: HELLE, DEBORAH
Address: 9058 FRYLAND BLVD.
City-St-Zip: ORLANDO, FL 32817

Title: S () Delete
Name: REDI, CHRISTINE L
Address: 2225 WEST SR 46
City-St-Zip: GENEVA, FL 32732

Title: P () Delete
Name: PEABODY, DAYLE
Address: 3867 KINGSTON OAK
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CARTER-WILLIAMS, KIM
Address: 1807 BRUMLEY RD
City-St-Zip: CHULUOTA, FL 32766

Title: P/C (X) Change () Addition
Name: CHRISTENSEN, RACHEL
Address: 412 MEAD DRIVE
City-St-Zip: OVIEDO, FL 32765

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SYMONDS, DAVE
Address: 7900 LAKE DAWN DRIVE
City-St-Zip: WINTER PARK, FL 32792

Title: S (X) Change () Addition
Name: REID, CHRISTINE L
Address: 2225 WEST SR 46
City-St-Zip: GENEVA, FL 32732

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHANNON COLEMAN

OA

04/10/2007

Electronic Signature of Signing Officer or Director

Date