

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90030 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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

40043010



03082008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3172745

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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** ☒ Delete
NAME **CARTER-WILLIAMS, KIM**
STREET ADDRESS **1807 BRUMLEY RD**
CITY-ST-ZIP **CHULUOTA, FL 32766**

TITLE **V/D** ☒ Change ☐ Addition
NAME **REID, L. CHRISTINE**
STREET ADDRESS **2225 WEST STATE ROAD 46**
CITY-ST-ZIP **GENEVA, FL 32732**

TITLE **P/C** ☐ Delete
NAME **CHRISTENSEN, RACHEL**
STREET ADDRESS **412 MEAD DRIVE**
CITY-ST-ZIP **OVIEDO, FL 32765**

TITLE **S/D** ☐ Change ☒ Addition
NAME **KIRBY, MARTHA**
STREET ADDRESS **5208 PIKO ST.**
CITY-ST-ZIP **ORLANDO, FL 32817**

TITLE **T** ☐ Delete
NAME **LONG, WILLIAM R.E**
STREET ADDRESS **621 BOOKSIDE DR.**
CITY-ST-ZIP **MAITLAND, FL 32751**

TITLE **D** ☐ Change ☒ Addition
NAME **MINGAR, JUDY**
STREET ADDRESS **1929 WOODCREST DRIVE**
CITY-ST-ZIP **WINTER PARK, FL 32792**

TITLE **D** ☐ Delete
NAME **SYMONDS, DAVE**
STREET ADDRESS **7900 LAKE DAWN DRIVE**
CITY-ST-ZIP **WINTER PARK, FL 32792**

TITLE **D** ☐ Change ☒ Addition
NAME **KOHL, JOIE**
STREET ADDRESS **806 RIVER COVE AVE**
CITY-ST-ZIP **ORLANDO, FL 32825**

TITLE **S** ☐ Delete
NAME **REID, CHRISTINE L**
STREET ADDRESS **2225 WEST SR 46**
CITY-ST-ZIP **GENEVA, FL 32732**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☒ Delete
NAME **PEABODY, DAYLE**
STREET ADDRESS **3867 KINGSTON OAK**
CITY-ST-ZIP **OVIEDO, FL 32765**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Christine Reid*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-08 407 7374018

Date

Daytime Phone #