

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90075 029 *****61.25

DOCUMENT # N95000002092

1. Entity Name

THE UNITARIAN UNIVERSALIST CONGREGATION OF
LAKE COUNTY, INC.



Principal Place of Business

227 N. CENTER ST
EUSTIS FL 32726
US

Mailing Address

P.O. BOX 1761
EUSTIS FL 32727
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-3369665

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

STINER, PATRICIA
670 CAMELIA STREET
MOUNT DORA FL 32757

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

Patricia Stiner *PATRICIA STINER*

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

(NOTE: Registered Agent signature required when reappointing)

1/22/06
DATE

FILE NOW: FEE IS \$61.25

Due By May 1, 2006

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

TITLE PD ☐ Delete
NAME GRAY, RUTH
STREET ADDRESS 33325 EAST LAKE JOHANNA DRIVE
CITY-ST-ZIP EUSTIS FL 32726

TITLE VD ☐ Delete
NAME FESSLER, TED
STREET ADDRESS 172 PARKLAND DRIVE
CITY-ST-ZIP EUSTIS FL 32726

TITLE S ☒ Delete
NAME BRYAN, KAREN
STREET ADDRESS 1105 N. PALMETTO STREET
CITY-ST-ZIP LEESBURG FL 34748

TITLE T ☐ Delete
NAME COATS, BARBARA
STREET ADDRESS 2719 BEACON STREET
CITY-ST-ZIP EUSTIS FL 32726

TITLE T ☐ Delete
NAME GARY, HENRY
STREET ADDRESS 1326 LAKESHORE DRIVE
CITY-ST-ZIP MOUNT DORA FL 32757

TITLE TD ☐ Delete
NAME STINER, PATTI
STREET ADDRESS 670 CAMELIA ST.
CITY-ST-ZIP MOUNT DORA FL 32757

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☒ Change ☐ Addition
NAME *Secretary*
STREET ADDRESS *Steingart, Marilyn*
CITY-ST-ZIP *2316 Bonnie View Court*
Leesburg, FL 34788-7657

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

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 Section 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:

Patricia Stiner *PATRICIA STINER*

1/22/06

1352383-6242