

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002092

FILED
Jan 19, 2009
Secretary of State

Entity Name: THE UNITARIAN UNIVERSALIST CONGREGATION OF LAKE COUNTY, INC.

Current Principal Place of Business:

227 N. CENTER ST
EUSTIS, FL 32726 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1761
EUSTIS, FL 32727 US

New Mailing Address:

FEI Number: 59-3369665

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STINER, PATRICIA
670 CAMELIA STREET
MOUNT DORA, FL 32757 US

Name and Address of New Registered Agent:

LINFIELD, PAT
21804 PRINCESS TANIA CT.
LEESBURG, FL 34748 US

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: PAT LINFIELD

01/19/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: RUTH, GRAY
Address: 33325 EAST LAKE JOHANNA DRIVE
City-St-Zip: EUSTIS, FL 32726

Title: PD () Delete
Name: HERMANN, WILLIAM
Address: 50 SHARPS CIRCLE
City-St-Zip: EUSTIS, FL 32726

Title: S () Delete
Name: LITTLEFEILD, JOYCE
Address: 40840 CR 25 LOT 8
City-St-Zip: LADY LAKE, FL 32159

Title: VD () Delete
Name: COATS, BARBARA
Address: 2719 BEACON ST.
City-St-Zip: EUSTIS, FL 32726

Title: T () Delete
Name: GARY, HENRY
Address: 1326 LAKESHORE DRIVE
City-St-Zip: MOUNT DORA, FL 32757

Title: TD () Delete
Name: STINER, PATTI
Address: 670 CAMELIA ST.
City-St-Zip: MOUNT DORA, FL 32757

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: TD (X) Change () Addition
Name: LINFIELD, PAT
Address: 21804 PRINCESS TANIA CT.
City-St-Zip: LEESBURG, FL 34748

I hereby certify that the information supplied with this filing does not qualify 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: PAT LINFIELD

TD

01/19/2009

Electronic Signature of Signing Officer or Director

Date