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FILE NOW: FILING FEE IS \$61.25

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May 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 764931 (2)			
1. Corporation Name UNITARIAN UNIVERSALIST CHURCH, INC.			
Principal Place of Business 820 N. FRANKFORT AVE. P.O. BOX 592 DELAND FL 32721-7592		Mailing Address 820 N. FRANKFORT AVE. P.O. BOX 592 DELAND FL 32721-7592	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SMITHWICK, MARY 286 DESOTO DELEON SPRINGS DELEON SPRINGS FL 32730		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	
FL		85	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.			
SIGNATURE			
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Addition
NAME	BOWEN, ANDY	1.2 NAME	PD JANET MCFARLANE
STREET ADDRESS	403 RYLAND ST.	1.3 STREET ADDRESS	721A East Michigan
CITY-ST-ZIP	DELEON SPRINGS FL	1.4 CITY-ST-ZIP	De Land FL 32724
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Addition
NAME	ADAMS, NANCY	2.2 NAME	Janie Owens
STREET ADDRESS	2317 S VOLUSIA AVE S44	2.3 STREET ADDRESS	PO Box 55 N/A
CITY-ST-ZIP	ORANGE CITY FL	2.4 CITY-ST-ZIP	Cassadaga FL 32706
TITLE	VPD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Addition
NAME	SHEPARD, KATHIE	3.2 NAME	Some
STREET ADDRESS	204 S MASSACHUSETTS AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Addition
NAME	DILLMAN, ANDREW	4.2 NAME	Some
STREET ADDRESS	510 W WISCONSIN AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE CITY FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Janet McFarlane JANET MCFARLANE

4-1-98

904-738-7988

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