

2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Dec 20, 2004
Secretary of State

DOCUMENT# 764931

Entity Name: FIRST UNITARIAN UNIVERSALIST CHURCH OF WEST VOLUSIA, INC.**Current Principal Place of Business:**820 N. FRANKFORT AVE.
DELAND, FL 32724**New Principal Place of Business:****Current Mailing Address:**820 N. FRANKFORT AVE.
P.O. BOX 592
DELAND, FL 327217592**New Mailing Address:****FEI Number:** 59-2149563**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SMITHWICK, MARY
286 DESOTO
DELEON SPRINGS
DELEON SPRINGS, FL 32730 US**Name and Address of New Registered Agent:**STACY A. ECKERT, P.A.
2445 S. VOLUSIA AVE., C-3
ORANGE CITY,, FL 32763 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: STACY A. ECKERT

12/20/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PD () Delete
Name: JOHN, DUPREE
Address: 43 LYON DR.
City-St-Zip: DELAND, FL 32724**Title:** VPD () Delete
Name: SUMMEY, COLEEN
Address: 409 N. VIRGINIA AVE.
City-St-Zip: DELAND, FL 32724**Title:** TD () Delete
Name: SHEPARD, KATHIE
Address: 204 S. MASSAC HUSSETTS
City-St-Zip: DELAND, FL 32724**Title:** SD () Delete
Name: LYNN, BOWEN
Address: 655 CHERRY TREE LANE
City-St-Zip: DELAND, FL 32724**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PD (X) Change () Addition
Name: MAUK, ALLISON
Address: 2255 LAKE RUBY ROAD
City-St-Zip: DELAND, FL 32724**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** TD (X) Change () Addition
Name: GLUCH, DAVE
Address: 1881 W. BERESFORD AVE.
City-St-Zip: DELAND, FL 32720**Title:** SD (X) Change () Addition
Name: ECKERT, STACY
Address: 2445 S. VOLUSIA AVE., C-3
City-St-Zip: ORANGE CITY, FL 32763

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ALLISON MAUK

PD

12/20/2004

Electronic Signature of Signing Officer or Director

Date