

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764931

FILED  
Apr 22, 2009  
Secretary of State

**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:**

STACY A. ECKERT, P.A.  
2445 S. VOLUSIA AVE., C-3  
ORANGE CITY,, FL 32763      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: SOUTHARD, JUDITH  
Address: 814 EAST WISCONSIN AVE  
City-St-Zip: DELAND, FL 32724

Title: VPD      ( ) Delete  
Name: NEWMAN, LINDA  
Address: 1429 BENT OAKS BLVD  
City-St-Zip: DELAND, FL 32724

Title: TD      ( ) Delete  
Name: RAHN, JACQUELINE  
Address: 410 LANDRESS LANE  
City-St-Zip: DELAND, FL 32724

Title: SD      ( ) Delete  
Name: OBERPRILLER, NOREEN  
Address: 1984  
City-St-Zip: DELTONA, FL 32738

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD      (X) Change ( ) Addition  
Name: NEWMAN, LINDA  
Address: 1429 BENT OAKS BLVD  
City-St-Zip: DELAND, FL 32724

Title: VPD      (X) Change ( ) Addition  
Name: OBERPRILLAR, NOREEN  
Address: 1984 LYNN RIVER DRIVE  
City-St-Zip: DELTONA, FL 32738

Title: TD      (X) Change ( ) Addition  
Name: GLUCH, DAVID  
Address: 1881 W. BERESFORD AVENUE  
City-St-Zip: DELAND, FL 32720

Title: SD      (X) Change ( ) Addition  
Name: RUSSELL, CATHY  
Address: 1095 STARDUST WAY  
City-St-Zip: DELAND, FL 32720

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: LINDA NEWMAN

PRES

04/22/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date