

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90386 004 ****61.25

DOCUMENT # 764931

1. Entity Name
UNITARIAN UNIVERSALIST CHURCH, INC.



Principal Place of Business
**820 N. FRANKFORT AVE.
DELAND FL 32724**

Mailing Address
**820 N. FRANKFORT AVE.
P.O. BOX 592
DELAND FL 32721-7592**

10070947



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2149563**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SMITHWICK, MARY -
286 DESOTO
DELEON SPRINGS
DELEON SPRINGS FL 32730**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|---------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | STACY, ECKERT | |
| STREET ADDRESS | 350 NORA LANE | |
| CITY-ST-ZIP | LAKE HELEN FL 32744 | |
| TITLE | VPD | <input type="checkbox"/> Delete |
| NAME | FREE, JOHN O | |
| STREET ADDRESS | 43 LYON DRIVE | |
| CITY-ST-ZIP | DELAND FL 32724 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | WITHERS, MIRIAM | |
| STREET ADDRESS | 24 VILLA VILLA CT | |
| CITY-ST-ZIP | DELAND FL 32724 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | BRUCE, HENRY | |
| STREET ADDRESS | 2290 VANCE RD | |
| CITY-ST-ZIP | DELTONA FL 32738 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|-------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | John DuPree | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. 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 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 my address, with all other like empowered.

SIGNATURE:

Stacy A. Eckert 4/10/03 (386) 734-6499

CR2E037 (10/02)