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Jan 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 702744 (4)

1. Corporation Name
UNITED WAY OF MARION COUNTY, INC.



Principal Place of Business Mailing Address
1401 NE 2ND ST. PO BOX 1086 Ocala FL 34478 US

3. Date Incorporated or Qualified 07/31/1961
3a. Date of Last Report 02/02/1996

2. Principal Place of Business 2a. Mailing Address

4. FEI Number 59-0946642
Applied For Not Applicable

21 Suite, Apt #, etc. 26 Suite, Apt #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

22 City & State 27 City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 Zip Country 28 Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JAMES, TONI
1401 N.E. 2ND STREET
OCALA FL 32678

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	CROSS, GAIL	
STREET ADDRESS	6696 SW 17 TERRACE RD	
CITY-ST-ZIP	OCALA FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	THIGPIN, FRANCES	
STREET ADDRESS	2306 SE 7TH ST.	
CITY-ST-ZIP	OCALA FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	TRICE, BILL	
STREET ADDRESS	40 SE 11 AVENUE	
CITY-ST-ZIP	OCALA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BARRINEAU, DIANE	
STREET ADDRESS	209 NE 36 AVENUE	
CITY-ST-ZIP	OCALA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SAILOR, JEFFREY	
STREET ADDRESS	1266 SE FT. KING	
CITY-ST-ZIP	OCALA FL	
TITLE	SB	<input type="checkbox"/> DELETE
NAME	EVANS, WILLIAM	
STREET ADDRESS	203 E. SILVER SPRINGS BLVD.	
CITY-ST-ZIP	OCALA FL	

1.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Ken Mackay	
1.3 STREET ADDRESS	216 NE 1st Avenue	
1.4 CITY-ST-ZIP	Ocala, FL 34470	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Diane Barrineau	
4.3 STREET ADDRESS	209 NE 36 Avenue	
4.4 CITY-ST-ZIP	Ocala, FL 34470	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	William Evans	
6.3 STREET ADDRESS	203 E Silver Springs Blvd	
6.4 CITY-ST-ZIP	Ocala, FL 34470	

14. I do 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: Diane Barrineau DIANE BARRINEAU 1/15/97 352 732 9196
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0065824

CR2E037 (9/96)