


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90140 025 ****70.00

DOCUMENT # 702744
 1. Entity Name
 UNITED WAY OF MARION COUNTY, INC.



40044002



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

Mailing Address
 1401 NE 2ND ST.
 PO BOX 1086
 Ocala, FL 34478 US

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01052006 Chg-NP CR2E037 (11/05)

City & State
 City & State

Zip Country Zip Country

4. FEI Number
 59-0946642

Applied For
 Not Applicable

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

- 6 - Name and Address of Current Registered Agent

JAMES, TONI
 1401 N.E. 2ND STREET
 Ocala, FL 34471

7. Name and Address of New Registered Agent

Name *Maureen Quinlan*
 Street Address (P.O. Box Number is Not Acceptable) *Drive*
35 Pecan Pass
 City *Ocala, FL* Zip Code *34472*

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 *Maureen Quinlan*
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2006

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FOSTER, BRUCE 1517 SE 30 AVENUE, SUITE 6 OCALA, FL 34471	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JAMES, TONI 1401 NE 2ND STREET OCALA, FL 34470	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DEAN, ED PO BOX 1987 OCALA, FL 34478	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ELLSPERMANN, DAVID PO BOX 1030 OCALA, FL 34478	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WAGONER, WALLY 512 SE 3RD ST OCALA, FL 34471	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Maureen Quinlan 35 Pecan Pass Drive Ocala, FL 34472	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Tom Sewell 3101 SW College Rd, Ste. 205 Ocala, FL 34474	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 an address, with all other like empowered.

SIGNATURE: *Maureen Quinlan* Date *4/4/06* Daytime Phone # *352-732-9686*