

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702744

FILED  
Jan 05, 2012  
Secretary of State

**Entity Name:** UNITED WAY OF MARION COUNTY, INC.

**Current Principal Place of Business:**

1401 NE 2ND ST.  
OCALA, FL 34470 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1086  
OCALA, FL 34478 US

**New Mailing Address:**

**FEI Number:** 59-0946642      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

QUINLAN, MAUREEN  
907 NE 46 COURT  
OCALA, FL 34470 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  
Name: RICH, MARY SUE  
Address: 1802 NW 24 COURT  
City-St-Zip: Ocala, FL 34475

Title: P  
Name: QUINLAN, MAUREEN  
Address: 907 NE 46 COURT  
City-St-Zip: Ocala, FL 34470

Title: TD  
Name: FONTAINE, JANE  
Address: 1721 SE 16 AVE 103  
City-St-Zip: Ocala, FL 34471

Title: VD  
Name: BRADY, DAVID  
Address: 1515 EAST SILVER SPRINGS BLVD., SUITE 227  
City-St-Zip: Ocala, FL 34470

Title: SD  
Name: UMPLEBY, DON  
Address: 3035 SE MARICAMP ROAD  
City-St-Zip: Ocala, FL 34471

I hereby 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 all other like empowered.

SIGNATURE: MAUREEN QUINLAN

P

01/05/2012

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

\_\_\_\_\_  
Date