

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN -2 AM 0:14

DOCUMENT # **N03874** (7)

1. Corporation Name

THE UNITARIAN UNIVERSALIST FELLOWSHIP OF MARION COUNTY, FLORIDA, INC.

Principal Place of Business

Mailing Address

PINE & MIDWAY RDS
P. O. BOX 7090
OCALA FL 32672

PINE & MIDWAY RDS
P. O. BOX 7090
OCALA FL 32672

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/25/1984	3a. Date of Last Report 05/17/1994
4. FEI Number 59-2319450	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAVIS, BETSY
19349 SW 90TH LANE RD.
DUNNELLON FL 34432

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Betsy M. Davis
Signature, typed or printed name of registered agent and title if applicable

Betsy M. Davis
(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	MILLS, JOYCE
STREET ADDRESS	2004 NE 52ND ST.
CITY - ST - ZIP	OCALA FL
TITLE	VD
NAME	SHARPE, PHYLLIS
STREET ADDRESS	3590 SW 24TH AVE. RD.
CITY - ST - ZIP	OCALA FL 34474
TITLE	SD
NAME	NORMAN, MICHAEL
STREET ADDRESS	6220 SE HAMES RD. #15
CITY - ST - ZIP	BELLEVIEW FL 34420
TITLE	TD
NAME	DAVIS, BETSY M
STREET ADDRESS	19349 SW 90TH LANE RD.
CITY - ST - ZIP	DUNNELLON FL 34432
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	President P Mills, Joyce
1.3 STREET ADDRESS	P.O. Box 2762
1.4 CITY - ST - ZIP	OCALA, FL 34478
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Secretary Bahr, Mary
3.3 STREET ADDRESS	P.O. Box 1186 MA
3.4 CITY - ST - ZIP	FT Mc Coy FL 32134
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify 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: Betsy M. Davis, Treas
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

3/7/95

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Date of Filing