

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N03874 (7)
1. Corporation Name
THE UNITARIAN UNIVERSALIST FELLOWSHIP OF MARION COUNTY, FLORIDA, INC.



Principal Place of Business: **PINE & MIDWAY RDS, P. O. BOX 7090, Ocala FL 34472-0090**
Mailing Address: **PINE & MIDWAY RDS, P. O. BOX 7090, Ocala FL 34472-0090**

3. Date Incorporated or Qualified: **06/25/1984**
3a. Date of Last Report: **06/02/1995**
4. FEI Number: **59-2319450**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
Suite, Apt. #, etc.: 22
City & State: 23
Zip: 24, 25
Country: 25

9. Name and Address of Current Registered Agent: **DAVIS, BETSY, 18349 SW 90TH LANE RD., DUNNELLON FL 34432**
10. Name and Address of New Registered Agent: 81, 82, 83, 84, 85
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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MILS, JOYCE	
STREET ADDRESS	P O BOX 2762	
CITY-ST-ZIP	OCALA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SHARPE, PHYLLIS	
STREET ADDRESS	3590 SW 24TH AVE. RD.	
CITY-ST-ZIP	OCALA FL 34474	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BAHR, MARY	
STREET ADDRESS	P O BOX 1186	
CITY-ST-ZIP	FT MCCOY FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DAVIS, BETSY M	
STREET ADDRESS	19349 SW 90TH LANE RD.	
CITY-ST-ZIP	DUNNELLON FL 34432	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12?

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VP
2.3 STREET ADDRESS	GOLD, RONA
2.4 CITY-ST-ZIP	1004 Shay Blvd. Lady Lake, FL. 32159
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	<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 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: Betsy M. Davis, Treas Date: 5/5/96 Daytime Phone #: 352-465-0442

CR2E037 (12/95)