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Apr 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 06/25/1984	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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4. FEI Number 59-2319450	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent
**DAVIS, BETSY
19349 SW 90TH LANE RD.
DUNNELLON FL 34432**

10. Name and Address of New Registered Agent
81. Name **JAMES M. O'HARA**
82. Street Address (P.O. Box Number is Not Acceptable)
3609 SE 33 AVENUE
83. City **OCALA** FL 85. Zip Code **34471**

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 *James M. O'Hara, Treasurer* DATE **4-9-97**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MILS, JOYCE	
STREET ADDRESS	P O BOX 2762	
CITY-ST-ZIP	OCALA FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	GOLD, RONA	
STREET ADDRESS	1004 SHAY BLVD.	
CITY-ST-ZIP	LADY LAKE FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	BAHR, MARY	
STREET ADDRESS	P O BOX 1188	
CITY-ST-ZIP	FT MCCOY FL	
TITLE	TD	<input checked="" 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	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GOLD, RONA	
1.3 STREET ADDRESS	1004 SHAY BLVD.	
1.4 CITY-ST-ZIP	LADY LAKE, FL 32159	
2.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	O'HARA JAMES M.	
2.3 STREET ADDRESS	3609 SE 33 AVENUE	
2.4 CITY-ST-ZIP	OCALA, FL 34471	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	O'HARA, DOROTHY V.	
3.3 STREET ADDRESS	3609 SE 33 AVENUE	
3.4 CITY-ST-ZIP	OCALA, FL 34471	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SCHAEFFER, KARL	
4.3 STREET ADDRESS	7093 EASY STREET	
4.4 CITY-ST-ZIP	OCALA, FL 34472	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	McINTOSH, JIM	
5.3 STREET ADDRESS	1810 A WEST GLENN EAGLE RD.	
5.4 CITY-ST-ZIP	OCALA, FL 34472	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	SCHAEFFER, GENEVIEVE	
6.3 STREET ADDRESS	7093 EASY STREET	
6.4 CITY-ST-ZIP	OCALA, FL 34472	

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: *James M. O'Hara* JAMES M O'HARA 4-9-97 257 694-1123

CR2E037 (9/96)