


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Jan 20 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>06/25/1984</b>	
4. FEI Number <b>59-2319450</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>None</i>	

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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9. Name and Address of Current Registered Agent  
**O'HARA, JAMES M**  
**3609 SE 33 AVE**  
**OCALA FL 34471**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City  
 85 Zip Code  
**FL**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE <b>T</b>	<input type="checkbox"/> DELETE NAME <b>O'HARA, JAMES M</b> STREET ADDRESS <b>3609 SE 33 AVE</b> CITY-ST-ZIP <b>OCALA FL</b>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE <b>VP</b>	<input type="checkbox"/> DELETE NAME <b>GOLD, RONA</b> STREET ADDRESS <b>1004 SHAY BLVD.</b> CITY-ST-ZIP <b>LADY LAKE FL</b>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE <b>D</b>	<input type="checkbox"/> DELETE NAME <b>O'HARA, DOROTHY V</b> STREET ADDRESS <b>3609 SE 33 AVE</b> CITY-ST-ZIP <b>OCALA FL</b>	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE <b>D</b>	<input type="checkbox"/> DELETE NAME <b>SCHEFFER, KARL</b> STREET ADDRESS <b>7093 EASY ST</b> CITY-ST-ZIP <b>OCALA FL</b>	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE <b>D</b>	<input type="checkbox"/> DELETE NAME <b>MCINTOSH, JIM</b> STREET ADDRESS <b>1810 A WEST GLENN EAGLE RD</b> CITY-ST-ZIP <b>OCALA FL</b>	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE <b>D</b>	<input type="checkbox"/> DELETE NAME <b>SCHEFFER, GENEVIEVE</b> STREET ADDRESS <b>7093 EASY ST</b> CITY-ST-ZIP <b>OCALA FL</b>	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
*MILLS, LOYCE*  
*P.O. Box 2762 NA*  
*Ocala, FL 34478*

14. I 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* 1-11-98 352 694-6132

CR2E037 (10/97)