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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # N03874

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



2. Principal Place of Business

21 1 Midway Rd.

2a. Mailing Address

26 1 Midway Rd.

3. Date Incorporated or Qualified

06/25/1984

22 Suite, Apt. #, etc.

P.O. Box 830116

27 Suite, Apt. #, etc.

P.O. Box 830116

4. FEI Number

59-2319450

Applied For  
 Not Applicable

23 City & State

Ocala, FL

28 City & State

Ocala, FL

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip Country

34483-0116 USA

29 Zip Country

34483-0116 USA

6. Election Campaign Financing

\$5.00 May Be Added to Fees

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T MILLS, JOYCE	1.1 TITLE	PP/S Mills, Joyce
NAME	MILLS, JOYCE	1.2 NAME	Mills, Joyce
STREET ADDRESS	P.O. BOX 2762	1.3 STREET ADDRESS	P.O. Box 2762
CITY-ST-ZIP	OCALA FL 34478	1.4 CITY-ST-ZIP	Ocala, FL 34478
TITLE	VP GOLD, RONA	2.1 TITLE	Co-P Gold, Rona
NAME	GOLD, RONA	2.2 NAME	Gold, Rona
STREET ADDRESS	1004 SHAY BLVD.	2.3 STREET ADDRESS	1004 Shay Blvd.
CITY-ST-ZIP	LADY LAKE FL	2.4 CITY-ST-ZIP	Lady Lake, FL
TITLE	D O'HARA, DOROTHY V	3.1 TITLE	P O'Hara, James M.
NAME	O'HARA, DOROTHY V	3.2 NAME	O'Hara, James M.
STREET ADDRESS	3609 SE 33 AVE	3.3 STREET ADDRESS	3609 SE 33 Ave
CITY-ST-ZIP	OCALA FL	3.4 CITY-ST-ZIP	Ocala, FL 34471
TITLE	D SCHEFFER, KARL	4.1 TITLE	D Cohen, Katherine
NAME	SCHEFFER, KARL	4.2 NAME	Cohen, Katherine
STREET ADDRESS	7093 EASY ST	4.3 STREET ADDRESS	11601 SW 75th Circle
CITY-ST-ZIP	OCALA FL	4.4 CITY-ST-ZIP	Ocala, FL 34476
TITLE	D MCINTOSH, JIM	5.1 TITLE	D Gold, Allen
NAME	MCINTOSH, JIM	5.2 NAME	Gold, Allen
STREET ADDRESS	1810 A WEST GLENN EAGLE RD	5.3 STREET ADDRESS	1004 Shay Blvd.
CITY-ST-ZIP	OCALA FL	5.4 CITY-ST-ZIP	Lady Lake, FL
TITLE	D SCHEFFER, GENEVIEVE	6.1 TITLE	Co-P Scheffer, Genevieve
NAME	SCHEFFER, GENEVIEVE	6.2 NAME	Scheffer, Genevieve
STREET ADDRESS	7093 EASY ST	6.3 STREET ADDRESS	7093 Easy St.
CITY-ST-ZIP	OCALA FL	6.4 CITY-ST-ZIP	Ocala, FL

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, with all other like empowered.

SIGNATURE: James M. O'Hara  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 DATE: 2-2-99  
 DAYTIME PHONE #: (352) 694-6132

CR2E037 (11/98)