


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90013 021 ****61.25

DOCUMENT # N03874			
1. Entity Name THE UNITARIAN UNIVERSALIST FELLOWSHIP OF MARION COUNTY, FLORIDA, INC.			
Principal Place of Business PO BOX 830116 OCALA, FL 34483-0116		Mailing Address 1 MIDWAY RD PO BOX 830116 OCALA, FL 34483-0116	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address PO Box 830116 Suite, Apt. #, etc.	
City & State OCALA, FL		4. FEI Number 59-2319450	
Zip 34483-0116		Applied For <input type="checkbox"/> Not Applicable	
Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent O'HARA, JAMES M 3609 SE 33 AVE OCALA, FL 34471		7. Name and Address of Now Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <i>James M. O'Hara, Treasurer</i> <small>Signature typed or printed name of registered agent and title if applicable.</small>		DATE 1-7-05 <small>(NOTE: Registered Agent signature required when canceling)</small>	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MILLS, JOYCE P.O. BOX 2762 OCALA, FL 34478	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			D BINGLEBY, MURIEL 840 Cortez Avenue Lady Lake, FL 32159
			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLD, RONA 1004 SHAY BLVD. LADY LAKE, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			D Papin, HYDLE B 610 BAHIA CIRCLE OCALA, FL 34472
			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'HARA, JAMES M 3609 SE 33 AVE OCALA, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHICKER, GAINES WHISKER, GAINER 8849 SW 201 COURT DUNNELLON, FL 34431	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DENISON, WILLIAM 8931 W 141ST LOOP SUMMERFIELD, FL 34491	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OHARA, DOROTHY 3608 SE 23 AVE OCALA, FL 34471	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>James M. O'Hara</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE: 1-7-05 <small>Date</small>	
		DAYTIME PHONE: 352 694-6132 <small>Daytime Phone #</small>	

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