

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N03874

1. Entity Name
THE UNITARIAN UNIVERSALIST FELLOWSHIP OF
MARION COUNTY, FLORIDA, INC.



FILED

06 JAN -9 AM 10:59

CLERK OF THE STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
~~PO BOX 830116~~ PO Box 829
OCALA, FL 34483-0116 Summerfield, FL 34492

Mailing Address
~~P.O. BOX 830116~~ P.O. Box 829
OCALA, FL 34483-0116 Summerfield, FL 34492



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

11232005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2319450 Applied For
Not Applicable

5. Certificate of Status Desired \$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 New Registered Agent
Name JAMES E. McIntosh
Street Address (P.O. Box Number is Not Acceptable)
17118 SE 78th Larchmont Court
City The Villages FL Zip Code 32162

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 *James E. McIntosh* JAMES E. McIntosh 11/23/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
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 GOLD, RONA 1004 SHAY BLVD. LADY LAKE, FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'HARA, JAMES M 3609 SE 33 AVE OCALA, FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHICKER, GAINES 9849 SW 201 COURT DUNNELLON, FL 34431 <input checked="" type="checkbox"/> Delete
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	D OHARA, DOROTHY 3608 SE 23 AVE OCALA, FL 34471 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Muriel Bingley 840 Cortez Ave Lady Lake, FL 32159 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D James McIntosh 17118 SE 78th Larchmont Court The Villages, FL 32162 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D John Deckman 600063570286 12321 SE 9th Ave Summerfield, FL 34491 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Robert Ridgard 17632 SE 9th Grantham Terrace The Villages, FL 32162 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Robert Zannelli 356 Emerald Rd Ocala, FL 34472 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Don Olson 17824 SE 86th Oak Leaf Terrace The Villages, FL 32162 <input checked="" 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(5)(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: *James E. McIntosh* JAMES E. McIntosh 11/23/05 352-254-5433
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #