

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90024 023 ****61.25



DOCUMENT # N03874

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

Principal Place of Business
 PO BOX 829
 SUMMERFIELD, FL 34492

Mailing Address
 PO BOX 829
 SUMMERFIELD, FL 34492

40018578



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

02142007 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number
 59-2319450

Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCINTOSH, JAMES E
 17118 SE 78TH LARCHMONT COURT
 THE VILLAGES, FL 32162

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** **12/14/07**
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)

Filing Fee is \$61.25
Due by May 1, 2007

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	VPO	<input checked="" type="checkbox"/> Delete
NAME	MILLS, JOYCE	
STREET ADDRESS	P.O. BOX 2762	
CITY-ST-ZIP	OCALA, FL 34478	
TITLE	D	<input type="checkbox"/> Delete
NAME	BINGLEY, MURIEL	
STREET ADDRESS	840 CORTEZ AVE	
CITY-ST-ZIP	LADY LAKE, FL 32159	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCINTOSH, JAMES	
STREET ADDRESS	17118 SE 78TH LARCHMONT COURT	
CITY-ST-ZIP	THE VILLAGES, FL 32162	
TITLE	D	<input type="checkbox"/> Delete
NAME	DECKMAN, JOHN	
STREET ADDRESS	12321 SE 91ST AVE	
CITY-ST-ZIP	SUMMERFIELD, FL 34491	
TITLE	D	<input type="checkbox"/> Delete
NAME	RIDGARD, ROBERT	
STREET ADDRESS	17632 SE 92ND GRANTHAM TERRACE	
CITY-ST-ZIP	THE VILLAGES, FL 32162	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZANNELLI, ROBERT	
STREET ADDRESS	356 EMERALD RD	
CITY-ST-ZIP	OCALA, FL 34472	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANG Barefield	
STREET ADDRESS	1539 Hartsville Trail	
CITY-ST-ZIP	The Villages, FL 32162	
TITLE	Member	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Gore	
STREET ADDRESS	8062 SW 81st Loop	
CITY-ST-ZIP	Ocala, FL 34476	
TITLE	MEMBER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LINDA THOMAS	
STREET ADDRESS	1662 Osprey Ave	
CITY-ST-ZIP	The Villages, FL 32162	
TITLE	MEMBER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREA COBURN	
STREET ADDRESS	512 DOWNERS GROVE	
CITY-ST-ZIP	The Villages, FL 32162	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *James E. McIntosh* **2/14/07** **ph 352-259-5433**