

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED  
Dec 08, 2009  
Secretary of State**

DOCUMENT# N03874

**Entity Name:** THE UNITARIAN UNIVERSALIST FELLOWSHIP OF MARION COUNTY, FLORIDA, INC.**Current Principal Place of Business:**7280 SE 135TH STREET  
SUMMERFIELD, FL 34491**New Principal Place of Business:****Current Mailing Address:**PO BOX 829  
SUMMERFIELD, FL 34492**New Mailing Address:**

FEI Number: 59-2319450

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**MCINTOSH, JAMES E  
17118 SE 78TH LARCHMONT COURT  
THE VILLAGES, FL 32162 US**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**Title: PRES ( ) Delete  
Name: BAREFIELD, ANN  
Address: 1529 HARTVILLE TRAIL  
City-St-Zip: THE VILLAGES, FL 32162Title: MRS ( ) Delete  
Name: COBURN, ANDREA  
Address: 512 DOWNERS GROVE  
City-St-Zip: THE VILLAGES, FL 32162Title: MRS ( ) Delete  
Name: GORE, ALLIE  
Address: 8062 SW 81ST LOOP  
City-St-Zip: OCALA, FL 34472Title: MRS. ( ) Delete  
Name: GRIFFITH, WENDY  
Address: 12524 SW 112ST RD  
City-St-Zip: DUNNELLON, FL 34432Title: MRS. ( ) Delete  
Name: MCCABE, JACKY  
Address: 17771 SE 125TH CIRCLE  
City-St-Zip: SUMMRFIELD, FL 34491Title: MR. ( ) Delete  
Name: ZANNELLI, ROBERT  
Address: 356 EMERALD RD  
City-St-Zip: OCALA, FL 34472**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: MR. (X) Change ( ) Addition  
Name: CHADY, WINCELL R  
Address: 2012 CRISTO RD.  
City-St-Zip: LADY LAKE, FL 32159Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WINCELL R. CHADY

MR.

12/08/2009

Electronic Signature of Signing Officer or Director

Date