# 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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

**Current Mailing Address:**

P.O. BOX 829
SUMMERFIELD, FL 34492

**FEI Number: 59-2319450**

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

STRICKLAND, ELEANOR
1842 DALTON DRIVE
THE VILLAGES, FL 32162 US

*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: ELEANOR STRICKLAND                                    04/05/2016

Electronic Signature of Registered Agent                                    Date

**Officer/Director Detail :**

| | | | |
|---|---|---|---|
| Title | PRESIDENT | Title | VP |
| Name | SLOSSER, JEREMY | Name | FISHER, MARYETTA |
| Address | 1991 FAIRVIEW LANE | Address | 2602 SW 20TH CIRCLE |
| City-State-Zip: | THE VILLAGES FL 32162 | City-State-Zip: | OCALA FL 34471 |
| Title | SECRETARY | Title | TREASURER |
| Name | MICHALSON, SUE | Name | STRICKLAND, ELEANOR |
| Address | 1842 DALTON DRIVE | Address | 1842 DALTON DRIVE |
| City-State-Zip: | THE VILLAGES FL 32162 | City-State-Zip: | THE VILLAGES FL 32162 |
| Title | TRUSTEE | Title | TRUSTEE |
| Name | COBURN, BILL | Name | LAMONTAGNE, DIANE |
| Address | 512 DOWNERS GROVE | Address | 1535 HILLCREST DRIVE |
| City-State-Zip: | THE VILLAGES FL 32162 | City-State-Zip: | THE VILLAGES FL 32159 |
| Title | TRUSTEE | Title | REVERAND |
| Name | MONCRIEF, PEGGY | Name | ONNIE, JANET |
| Address | 673 HAYNESVILLE WAY | Address | PO BOX 147 |
| City-State-Zip: | THE VILLAGES FL 32162 | City-State-Zip: | EAST LAKE WEIR FL 32133 |

*I hereby 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 all other like empowered.*

SIGNATURE: ELEANOR STRICKLAND                    TREASURER                    04/05/2016

Electronic Signature of Signing Officer/Director Detail                                    Date