2013 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:

GILBERT, GREGG A 7807 SE 168 LONE OAK LOOP 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: GREGG A GILBERT 04/24/2013

Electronic Signature of Registered Agent

Officer/Director Detail:

Title PRESIDENT Title VP

NameWINEMAN, MARGARETNameWORTHINGTON, DOUGAddress1889 HARDING PATHAddress1647 PENNECAMP DRIVECity-State-Zip:THE VILLAGES FL 32162City-State-Zip: THE VILLAGES FL 32162

Title SECRETARY Title TREASURER

Name GRIFITH, WENDY Name GILBERT, GREGG A

Address 524 SW 112 STREET ROAD. Address 7807 SE 168 LONE OAK LOOP

City-State-Zip: DUNNELLON FL 34432 City-State-Zip: THE VILLAGES FL 32162

Title TRUSTEE Title TRUSTEE

Name COBURN, ANDREA Name DIGGETT, JANE

Address 512 DOWNERS GROVE Address 17430 SE 71 ST BIRCHBROOK AVE

City-State-Zip: THE VILLAGES FL 32162 City-State-Zip: THE VILLAGES FL 32162

Title TRUSTEE Title TRUSTEE

Name KELCH, OAKLEY Name HENKEL-REEVES, KAREN

Address 12975 SE 91 COURT Address 9796 SW 89 LOOP

City-State-Zip: SUMMERFIELD FL 34491 City-State-Zip: OCALA FL 34481

Continues on page 2

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: GREGG A GILBERT TREASURER 04/24/2013

Electronic Signature of Signing Officer/Director Detail

Date

FILED Apr 24, 2013

Secretary of State

CC5655868077

Date

Officer/Director Detail Continued:

TitleTRUSTEETitleREVERANDNameWINCE, SYLVIANameONNIE, JANETAddress11327 175 PLACEAddressPO BOX 147

City-State-Zip: SUMMERFIELD FL 34491 City-State-Zip: EAST LAKE WEIR FL 32133