

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90140 025 ****70.00

DOCUMENT # 702744

1. Entity Name
UNITED WAY OF MARION COUNTY, INC.



Principal Place of Business
**1401 NE 2ND ST.
PO BOX 1086
OCALA, FL 34478 US**

Mailing Address
**1401 NE 2ND ST.
PO BOX 1086
OCALA, FL 34478 US**

40044002



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01052006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-0946642

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

7. Name and Address of New Registered Agent

**JAMES, TONI
1401 N.E. 2ND STREET
OCALA, FL 34471**

Name **Maureen Quinlan**
Street Address (P.O. Box Number is Not Acceptable)
35 Pecan Pass Drive
City **Ocala, FL** Zip Code **34472**

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

Maureen Quinlan

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, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** ☐ Delete
NAME **FOSTER, BRUCE**
STREET ADDRESS **1517 SE 30 AVENUE, SUITE 6**
CITY-ST-ZIP **OCALA, FL 34471**

TITLE **PO** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☒ Delete
NAME **JAMES, TONI**
STREET ADDRESS **1401 NE 2ND STREET**
CITY-ST-ZIP **OCALA, FL 34470**

TITLE **President** ☐ Change ☒ Addition
NAME **maureen Quinlan**
STREET ADDRESS **35 Pecan Pass Drive**
CITY-ST-ZIP **Ocala FL 34472**

TITLE **SD** ☐ Delete
NAME **DEAN, ED**
STREET ADDRESS **PO BOX 1987**
CITY-ST-ZIP **OCALA, FL 34478**

TITLE **VD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **ELLSPERMANN, DAVID**
STREET ADDRESS **PO BOX 1030**
CITY-ST-ZIP **OCALA, FL 34478**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☒ Delete
NAME **WAGONER, WALLY**
STREET ADDRESS **512 SE 3RD ST**
CITY-ST-ZIP **OCALA, FL 34471**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Change ☒ Addition
NAME **Tom Dewey**
STREET ADDRESS **3101 SW College Rd, Ste. 205**
CITY-ST-ZIP **Ocala FL 34474**

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Maureen Quinlan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/06

Date

352-732-9626

Daytime Phone #