

FILED
Jan 26, 2007 8:00 am
Secretary of State

01-26-2007 90024 033 ****70.00

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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

60006992



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01182007

Chg-NP

CR2E037 (12/06)

4. FEI Number
59-0948642

Applied For

Not Applicable

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

QUINLAN, MAUREEN
35 PECAN PASS
OCALA, FL 34472

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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 PD ☒ Delete
NAME FOSTER, BRUCE
STREET ADDRESS 1517 SE 30 AVENUE, SUITE 6
CITY-ST-ZIP Ocala, FL 34471

TITLE P ☐ Delete
NAME QUINLAN, MAUREEN
STREET ADDRESS 35 PECAN PASS DRIVE
CITY-ST-ZIP Ocala, FL 34472

TITLE ~~VD~~ ☐ Delete
NAME DEAN, ED
STREET ADDRESS PO BOX 1987
CITY-ST-ZIP Ocala, FL 34478

TITLE TD ☒ Delete
NAME ELLSPERMANN, DAVID
STREET ADDRESS PO BOX 1030
CITY-ST-ZIP Ocala, FL 34478

TITLE ~~SD~~ ☐ Delete
NAME DEWEY, TOM
STREET ADDRESS 3101 SW COLLEGE RD STE. 205
CITY-ST-ZIP Ocala, FL 34474

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE SD ☐ Change ☒ Addition
NAME Mark Imes
STREET ADDRESS PO Box 2900
CITY-ST-ZIP Ocala, FL 34478

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

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

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

TITLE ☒ Change ☐ Addition
NAME Tom Dewey
STREET ADDRESS 4931 SW 31 Street
CITY-ST-ZIP Ocala, FL 34474

TITLE ☐ Change ☒ Addition
NAME Douglas Day
STREET ADDRESS 2801 SW College Rd, #13
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 Maureen Quinlan

1/24/07

352-732-9696

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #