


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 8:00 am
Secretary of State

01-16-2008 90016 015 ****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 | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 59-0946642 | |
| Zip | | Country | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 | SD | <input type="checkbox"/> Delete | TITLE | VD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | IMES, MARK | | NAME | | |
| STREET ADDRESS | P.O. BOX 2900 | | STREET ADDRESS | | |
| CITY-ST-ZIP | OCALA, FL 34478 | | CITY-ST-ZIP | | |
| TITLE | P | <input type="checkbox"/> Delete | TITLE | Secretary | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | QUINLAN, MAUREEN | | NAME | Elbert Wilkinson | |
| STREET ADDRESS | 35 PECAN PASS DRIVE | | STREET ADDRESS | 3101 SW College Rd, # 205 | |
| CITY-ST-ZIP | OCALA, FL 34472 | | CITY-ST-ZIP | OCALA, FL 34475 | |
| TITLE | PD | <input checked="" type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DEAN, ED | | NAME | | |
| STREET ADDRESS | PO BOX 1987 | | STREET ADDRESS | | |
| CITY-ST-ZIP | OCALA, FL 34478 | | CITY-ST-ZIP | | |
| TITLE | TD | <input checked="" type="checkbox"/> Delete | TITLE | Treasurer | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | DAY, DOUGLAS | | NAME | Jane Fontaine | |
| STREET ADDRESS | 2801 SW COLLEGE RD., 13 | | STREET ADDRESS | 1721 SE 16 Ave, # 103 | |
| CITY-ST-ZIP | OCALA, FL 34474 | | CITY-ST-ZIP | OCALA, FL 34471 | |
| TITLE | PD | <input type="checkbox"/> Delete | TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DEWEY, TOM | | NAME | | |
| STREET ADDRESS | 4931 SW 31ST STREET | | STREET ADDRESS | | |
| CITY-ST-ZIP | OCALA, FL 34474 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 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: <u>Maureen Quinlan</u> Maureen Quinlan 1/14/08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | | | | |