

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702744

FILED
Jan 29, 2009
Secretary of State

Entity Name: UNITED WAY OF MARION COUNTY, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

1401 NE 2ND ST.
OCALA, FL 34478 US

Current Mailing Address:

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

New Mailing Address:

PO BOX 1086
OCALA, FL 34478 US

FEI Number: 59-0946642

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

QUINLAN, MAUREEN
35 PECAN PASS
OCALA, FL 34472 US

Name and Address of New Registered Agent:

QUINLAN, MAUREEN
907 NE 46 COURT
OCALA, FL 34470 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: MAUREEN QUINLAN

01/29/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: IMES, MARK
Address: P.O. BOX 2900
City-St-Zip: OCALA, FL 34478

Title: P () Delete
Name: QUINLAN, MAUREEN
Address: 35 PECAN PASS DRIVE
City-St-Zip: OCALA, FL 34472

Title: T () Delete
Name: FONTAINE, JANE
Address: 1721 SE 16 AVE 103
City-St-Zip: OCALA, FL 34471

Title: PD () Delete
Name: DEWEY, TOM
Address: 4931 SW 31ST STREET
City-St-Zip: OCALA, FL 34474

Title: S () Delete
Name: DIKINSON, ELBERT
Address: 3101 SW COLLEGE RD 205
City-St-Zip: OCALA, FL 34475

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: IMES, MARK
Address: 60 SE 17 STREET
City-St-Zip: OCALA, FL 34471

Title: P (X) Change () Addition
Name: QUINLAN, MAUREEN
Address: 907 NE 46 COURT
City-St-Zip: OCALA, FL 34470

Title: TD (X) Change () Addition
Name: FONTAINE, JANE
Address: 1721 SE 16 AVE 103
City-St-Zip: OCALA, FL 34471

Title: VD (X) Change () Addition
Name: WILLIAMS, SAMUEL
Address: PO BOX 1270
City-St-Zip: OCALA, FL 34478

Title: SD (X) Change () Addition
Name: GREENE, DIANA
Address: 512 SE 3RD STREET
City-St-Zip: OCALA, FL 34471

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MAUREEN QUINLAN

P

01/29/2009

Electronic Signature of Signing Officer or Director

Date