

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90110 036 ****70.00

DOCUMENT # N01000001503					
1. Entity Name MARION OAKS COMMUNITY CONGREGATIONAL UNITED CHURCH OF CHRIST, INC.					
Principal Place of Business 15050 SW 29TH TERR. RD. OCALA, FL 34473			Mailing Address 15050 SW 29TH TERR. RD. OCALA, FL 34473		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3705799	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent NETTESHEIM, JOSEPH C 330 MARION OAKS DR. OCALA, FL 34473					
7. Name and Address of New Registered Agent Name: <u>Winter Norman K</u> Street Address (P.O. Box Number is Not Acceptable): <u>3359 SW 137th Loop</u> City: <u>Ocala FL</u> Zip Code: <u>34473</u>					
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: <u>Norman K Winter</u> DATE: <u>1-29-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	T NETTESHEIM, JOSEPH C 330 MARION OAKS DRIVE OCALA, FL 34473	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	W WINTER, NORMAN 3359 SW 137TH LOOP OCALA, FL 34473	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COOPER, ARDATH 4405 SW 145TH PLACE RD. OCALA, FL 34473	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C WINTER, NORMAN 3359 SW 137TH LOOP OCALA, FL 34473	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	W WENTZELL, GORDON 13607 SW 33RD CIRCLE OCALA, FL 34473	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WENTZELL, GORDON 13607 SW 33RD CIRCLE OCALA, FL 34473	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BREWINGTON, JULIE 3385 SW 145TH PLACE RD. OCALA, FL 34473	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARK, ARDIS 17170 SW 41ST CIRCLE OCALA, FL 34473	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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>Norman K Winter</u>			Date: <u>1-29-06</u> Daytime Phone #: <u>352-245-8727</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					