2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001503

FILED Feb 08, 2007 Secretary of State

Entity Name: MARION OAKS COMMUNITY CONGREGATIONAL UNITED CHURCH OF CHRIST, INC.

Current Principal Place of Business: New Principal Place of Business:

15050 SW 29TH TERR. RD. OCALA, FL 34473

Current Mailing Address: New Mailing Address:

15050 SW 29TH TERR. RD. OCALA, FL 34473

FEI Number: 59-3705799 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WINTER, NORMAN K
3359 SW 137TH LOOL
OCALA, FL 34473 US
WRIGHT, FAITH
14591 SW 38 TERRACE ROAD
OCALA, FL 34473 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: FAITH WRIGHT 02/08/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: T () Delete Title: T (X) Change () Addition

 Name:
 WINTER, NORMAN
 Name:
 WRIGHT, FAITH

 Address:
 3359 SW 137TH LOOP
 Address:
 14591 SW 38 TERRACE ROAD

City-St-Zip: OCALA, FL 34473 City-St-Zip: OCALA, FL 34473

Title: S () Delete Title: S (X) Change () Addition Name: COOPER, ARDATH Name: OLSON, LORRAINE

Address: 4405 SW 145TH PLACE RD. Address: 14921 SW 43 CT RD
City-St-Zip: OCALA, FL 34473 City-St-Zip: OCALA, FL 34473

Title: C () Delete Title: () Change () Addition

 Name:
 WENTZELL, GORDON
 Name:

 Address:
 13607 SW 33RD CIRCLE
 Address:

 City-St-Zip:
 OCALA, FL 34473
 City-St-Zip:

Title: D () Delete Title: V (X) Change () Addition

 Name:
 CLARK, ARDIS
 Name:
 BURRUS, DAVID

 Address:
 17170 SW 41ST CIRCLE
 Address:
 11601 SW 138 PL

 City-St-Zip:
 OCALA, FL 34473
 City-St-Zip:
 DUNNELLON, FL 34432

I hereby certify that the information supplied with this filing does not qualify for the 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: FAITH WRIGHT T 02/08/2007