## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000001503

FILED Feb 07, 2009 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 ( )

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

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:

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 WRIGHT, FAITH
 Name:

 Address:
 14591 SW 38 TERRACE ROAD
 Address:

Address: 14391 SW 38 TERRACE ROAD Address:
City-St-Zip: OCALA, FL 34473 City-St-Zip:

Title: S () Delete Title: S (X) Change () Addition Name: OLSON, LORRAINE Name: GRENIER, THERESA

 Address:
 14921 SW 43 CT RD
 Address:
 524 MARION OAKS LANE

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

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

 Name:
 WENTZELL, GORDON
 Name:
 GRENIER, RICHARD

 Address:
 13607 SW 33RD CIRCLE
 Address:
 524 MARION OAKS LANE

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

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

 Name:
 GRENIER, RICHARD
 Name:
 WENTZELL, GORDON

 Address:
 524 MARION OAKS LANE
 Address:
 13607 SW 33RD CIRCLE

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

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: FAITH WRIGHT TREA 02/07/2009