

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 20, 2006  
Secretary of State**

DOCUMENT# N02000009669

Entity Name: UTOPIANS, INCORPORATED

**Current Principal Place of Business:**

C/O EDNA TURNER-DEGENESTE  
5445 N.E. FIRST LANE  
OCALA, FL 34470

**New Principal Place of Business:**

**Current Mailing Address:**

C/O EDNA TURNER-DEGENESTE  
5445 N.E. FIRST LANE  
OCALA, FL 34470

**New Mailing Address:**

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

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

TURNER-DEGENESTE, EDNA  
5445 NE FIRST LANE  
OCALA, FL 34470    US

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

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:**

Title:                      VD                      ( ) Delete  
Name:                      GIVENS, RUTH  
Address:                      986 NE 50TH AVENUE  
City-St-Zip:                      Ocala, FL 34470

Title:                      PD                      ( ) Delete  
Name:                      TURNER-DEGENESTE, EDNA  
Address:                      5445 NE FIRST LANE  
City-St-Zip:                      Ocala, FL 34470

Title:                      TD                      ( ) Delete  
Name:                      BRIGGS, DOROTHY  
Address:                      7910 SW 115 LOOP  
City-St-Zip:                      Ocala, FL 34476

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: EDNA B. TURNER-DEGENESTE

PRES

01/20/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date