

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 06, 2007
Secretary of State**

DOCUMENT# N04000008178

Entity Name: OCALA/MARION COUNTY SCHOLARSHIP INC.

Current Principal Place of Business:

2192 E SILVER SPRINGS BLVD
OCALA, FL 34470

New Principal Place of Business:

Current Mailing Address:

2192 E SILVER SPRINGS BLVD
OCALA, FL 34470

New Mailing Address:

FEI Number: 20-1559939 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUDLEY, KATHIE
2192 E SILVER SPRINGS BLVD
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: D () Delete
Name: DUDLEY, KATHIE
Address: 6150 W HWY 326
City-St-Zip: SILVER SPRINGS, FL 34488

Title: D () Delete
Name: CARTER, CHRISTINA
Address: 3638 DAVENTRY RD
City-St-Zip: ORLANDO, FL 32817

Title: D () Delete
Name: BANGERT, BECKY
Address: 165 HAMPTON CIR
City-St-Zip: JUPITER, FL 33458

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: KATHIE DUDLEY

D

02/06/2007

Electronic Signature of Signing Officer or Director

Date