2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003096

FILED Mar 31, 2009 Secretary of State

Entity Name: MARION OAKS INCORPORATION COALITION, INC. **New Principal Place of Business: Current Principal Place of Business:** 15438 S.W. 34TH AVENUE OCALA, FL 34473 **Current Mailing Address: New Mailing Address:** 15438 S.W. 34TH AVENUE OCALA, FL 34473 FEI Number: 41-2231837 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: MUSHO, MILDRED M 15438 S.W. 34TH AVENUE OCALA, FL 34473 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: CHRM () Change () Addition () Delete WRIGHT, DAVE Name: Name: Address: 17485 S.W. 35TH AVENUE ROAD Address: City-St-Zip: OCALA, FL 34473 City-St-Zip: Title: TREA () Delete Title: () Change () Addition Name: MUSHO, MILDRED M Name: Address: 15438 S.W. 34TH AVENUE Address: City-St-Zip: OCALA, FL 34473 City-St-Zip: Title: () Delete Title: () Change () Addition ROSA, JEMITH Name: Name: 2411 S.W. 146TH LOOP Address: Address: City-St-Zip: OCALA, FL 34473 City-St-Zip:

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: MILDRED M. MUSHO TREA 03/31/2009