
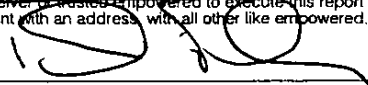


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90087 026 ****70.00

DOCUMENT # 706569			
1. Entity Name ADVOCACY RESOURCE CENTER MARION, INC.			
Principal Place of Business 2800 S.E. MARICAMP ROAD OCALA, FL 34471-5551		Mailing Address 2800 S.E. MARICAMP ROAD OCALA, FL 34471-5551	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
01042008		Chg-NP CR2E037 (12/06)	
4. FEI Number 59-2217524		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
STRAWDER, TROY 2800 SE MARICAMP RD OCALA, FL 34471		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MICHELL, PAMELA W 2324 SE 14TH ST. OCALA, FL 34471 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BAILEY, CAROL 4224 SE 12TH PL OCALA, FL 34471 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FALANGA, TOM 10140 SE 42ND CT BELLEVIEW, FL 34420 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV TABACCHI, MATTHEW 4433 SE 11 PL OCALA, FL 34471 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Stenzel, Gary 6888 SW 97th PL. Ocala, FL. 34476 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP GIFFORD, ERIC 1531 SE 36TH AVE OCALA, FL 34474 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, C.R. 16400 SE 3RD ST. SILVER SPRINGS, FL 34488 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Campbell, Allison 4720 SE 33rd St Ocala, FL. 34480 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Date: 1/8/2008 Daytime Phone #: 352-687-5269	
Tom Falanga			

ATTACHMENT
40002601
706569
ARC MARION
OFFICERS 2008

Mr. Tom Falanga, President

10140 SE 42nd Court
Bellevue, FL. 34420

Mr. Gary Stenzel, First VP

6888 SW 97th PL.
Ocala, FL. 34476

Mr. Eric Gifford, Second VP

1531 S.E. 36th Ave.
Ocala, FL. 34474

Mrs. Pamela Michell, Treasurer

2324 S.E. 14th Street
Ocala, FL. 34471

Mrs. Carol Bailey, Secretary

4224 S. E. 12th Place
Ocala, FL. 34471

Mrs. Allison Campbell

4720 S.E. 33rd Street
Ocala, FL. 34480