

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706569

FILED  
Jan 06, 2009  
Secretary of State

Entity Name: ADVOCACY RESOURCE CENTER MARION, INC.

**Current Principal Place of Business:**

2800 S.E. MARICAMP ROAD  
OCALA, FL 344715551

**New Principal Place of Business:**

**Current Mailing Address:**

2800 S.E. MARICAMP ROAD  
OCALA, FL 344715551

**New Mailing Address:**

FEI Number: 59-2217524

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

STRAWDER, TROY  
2800 SE MARICAMP RD  
OCALA, FL 34471 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: DT ( ) Delete  
Name: MICHELL, PAMELA W  
Address: 2324 SE 14TH ST.  
City-St-Zip: Ocala, FL 34471

Title: DS ( ) Delete  
Name: BAILEY, CAROL  
Address: 4224 SE 12TH PL  
City-St-Zip: Ocala, FL 34471

Title: DP ( ) Delete  
Name: FALANGA, TOM  
Address: 10140 SE 42ND CT  
City-St-Zip: BELLEVIEW, FL 34420

Title: DV ( ) Delete  
Name: STENZEL, GARY  
Address: 6888 SW 97TH PL  
City-St-Zip: Ocala, FL 34476

Title: DVP ( ) Delete  
Name: GIFFORD, ERIC  
Address: 1531 SE 36TH AVE  
City-St-Zip: Ocala, FL 34474

Title: D ( ) Delete  
Name: CAMPBELL, ALLISON  
Address: 4720 SE 33RD ST  
City-St-Zip: Ocala, FL 34480

**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:

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 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: TOM FALANGA

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

01/06/2009

\_\_\_\_\_  
Date