## 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 706569** 

FILED Jan 23, 2012 Secretary of State

Entity Name: ADVOCACY RESOURCE CENTER MARION, INC.

Current Principal Place of Business: New Principal Place of Business:

2800 S.E. MARICAMP ROAD 2800 SE MARICAMP ROAD OCALA, FL 344715551 US

Current Mailing Address: New Mailing Address:

2800 SE MARICAMP RD
OCALA, FL 344715551

2800 SE MARICAMP RD
OCALA, FL 344715551 US

FEI Number: 59-2217524 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:

STRAWDER, TROY CEO 2800 SE MARICAMP RD OCALA, FL 344715551 US

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

Name: MICHELL, PAMELA W Address: 2324 SE 14TH ST. City-St-Zip: OCALA, FL 34471

Title: DS

Name: DAVIS, KEITH
Address: 227 SW 57TH AVENUE
City-St-Zip: OCALA, FL 34478

Title: DP

Name: FALANGA, TOM
Address: 10140 SE 42ND CT
City-St-Zip: BELLEVIEW, FL 34420

Title: DV

Name: STENZEL, GARY
Address: 6888 SW 97TH PL
City-St-Zip: OCALA, FL 34476

Title: DVP Name: DAY, DOUG

Address: 2801 SW COLLEGE ROAD #13

City-St-Zip: OCALA, FL 34474

Title: [

 Name:
 CAMPBELL, ALLISON

 Address:
 4720 SE 33RD ST

 City-St-Zip:
 OCALA, FL 34480

I hereby 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 all other like empowered.

SIGNATURE: TROY STRAWDER CEO 01/23/2012