FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 26 PM 1:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 711426 (7)

1. Corporation Name
THE MARION PLAYERS, INC.

Principal Place of Business	Mailing Address
4337 E. SILVER SPRINGS BLVD. P.O. BOX 2132 OCALA FL 34478-2132 US	4337 E. SILVER SPRINGS BLVD. P.O. BOX 2132 OCALA FL 34478-2132 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/01/1966
3a. Date of Last Report: 05/01/1994
4. FEI Number: 23-7101051 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
21	26		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	$68.75 Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

GREENE, JOHN MONTGOMERY
1342 SE 15 STREET
OCALA FL 34471

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	ENDICOTT, THOMAS	1.2 NAME		
STREET ADDRESS	11540 SW 84TH AVE. RD	1.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE	V/D	☒ Change ☐ Addition
NAME	PURVIS, BARBARA	2.2 NAME	Mary Jo Cavalier	
STREET ADDRESS	9095 SW 103RD LANE	2.3 STREET ADDRESS	3550 SE 38 Street	
CITY-ST-ZIP	OCALA FL	2.4 CITY-ST-ZIP	Ocala FL 34480	
TITLE	TD	3.1 TITLE	T/D	☒ Change ☐ Addition
NAME	SCOTTON JOHN	3.2 NAME	Maxine Nelson	
STREET ADDRESS	660 MIDWAY DR	3.3 STREET ADDRESS	1777 NE 16 Place	
CITY-ST-ZIP	OCALA FL	3.4 CITY-ST-ZIP	Ocala FL 34470	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Maxine Nelson Maxine Nelson, Treasurer 904-237-6141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 4/20/95 — Daytime Phone #