FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 14, 1999 8:00 am
Secretary of State
04-14-1999 90213 034 ****61.25

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DOCUMENT # 711426

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

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

3. Date Incorporated or Qualifed: 09/01/1966

4. FEI Number: 23-7101051 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 617.0502 and 617.1508, 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 617.0503, 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	VD	☒ DELETE	1.1 TITLE	VD	☒ Change ☐ Addition
NAME	ADEL, GARRY		1.2 NAME	Dassance, C.R.	
STREET ADDRESS	1519 SE 24TH AVE		1.3 STREET ADDRESS	5561 NE 2nd Lane	
CITY-ST-ZIP	OCALA FL 34471		1.4 CITY-ST-ZIP	Ocala, FL 34470	
TITLE	PD	☒ DELETE	2.1 TITLE	PD	☒ Change ☐ Addition
NAME	CAVALIER, MARY JO		2.2 NAME	Ellspermann, Jayne	
STREET ADDRESS	3550 SE 38 STREET		2.3 STREET ADDRESS	2931 SE 35th Street	
CITY-ST-ZIP	OCALA FL 34480		2.4 CITY-ST-ZIP	Ocala, FL 34471	
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	NELSON, MAXINE		3.2 NAME		
STREET ADDRESS	1777 NE 16TH PL		3.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL 34470		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: Jayne Ellspermann SIGNATURE REQUIRED Jayne Ellspermann 4/8/99 352-236-285
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #