

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711426

FILED
Apr 07, 2006
Secretary of State

Entity Name: THE MARION PLAYERS, INC.

Current Principal Place of Business:

4337 E. SILVER SPRINGS BLVD.
OCALA, FL 344705001 US

New Principal Place of Business:

Current Mailing Address:

4337 E. SILVER SPRINGS BLVD.
OCALA, FL 344705001 US

New Mailing Address:

FEI Number: 23-7101051

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREENE, JOHN MONTGOMERY
1342 SE 15 STREET
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: PD () Delete
Name: ADEL, GARRY
Address: PO BOX 1869
City-St-Zip: OCALA, FL 34478

Title: VP () Delete
Name: LEPPERT, PHILIP
Address: 5157 NE 60TH TERRACE
City-St-Zip: SILVER SPRINGS, FL 34488

Title: TD () Delete
Name: HAGIN, DENNIS
Address: 550 NE 25TH AVE
City-St-Zip: OCALA, FL 34470

Title: SEC () Delete
Name: RZPECKI, FRANK
Address: 2201 SE 29TH STREET
City-St-Zip: OCALA, FL 34471

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: RZEPECKI, FRANK
Address: 220 NE 31ST AVE
City-St-Zip: OCALA, FL 34470

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: CAVALIER, MARY JO
Address: 3350 SE 38TH STREET
City-St-Zip: OCALA, FL 34480

Title: SEC (X) Change () Addition
Name: HAGAN, LESLIE
Address: 8205 NW HWY 225
City-St-Zip: OCALA, FL 34482

I hereby certify that the information supplied with this filing does not qualify for the 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: FRANK RZEPECKI

PD

04/07/2006

Electronic Signature of Signing Officer or Director

Date