

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90077 011 ****70.00

DOCUMENT # 712129

1. Entity Name
BOY'S AND GIRLS' CLUB OF MARION COUNTY, INC.



Principal Place of Business
**800 SW 12 AVE
OCALA, FL 34474**

Mailing Address
**P O BOX 4109
OCALA, FL 34478**

40038216



2. Principal Place of Business - No P.O. Box #
800 SW 12th Avenue
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 4109
Suite, Apt. #, etc.

01172007 Chg-NP CR2E037 (12/06)

City & State
Ocala Florida

City & State
Ocala Florida

4. FEI Number
59-1172127

☒ Applied For
☐ Not Applicable

Zip
34474 Country
U.S.

Zip
34478 Country
U.S.

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**REED, KAREN
5312 SW 6TH PLACE
OCALA, FL 34474**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	CVO	<input type="checkbox"/> Delete
NAME	REED, KAREN	
STREET ADDRESS	5312 SW 6TH PL	
CITY-ST-ZIP	OCALA, FL 34474	
TITLE	1VPO	<input type="checkbox"/> Delete
NAME	CLINTON, DIANE	
STREET ADDRESS	601 SW 25TH AVE	
CITY-ST-ZIP	OCALA, FL 34471	
TITLE	2VPS	<input checked="" type="checkbox"/> Delete
NAME	JENKINS, WHITFIELD	
STREET ADDRESS	2200 NW 24TH RD	
CITY-ST-ZIP	OCALA, FL 34475	
TITLE	3VPR	<input type="checkbox"/> Delete
NAME	BELCHER, MAUREEN	
STREET ADDRESS	5312 SW 6TH PL	
CITY-ST-ZIP	OCALA, FL 34474	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *KAREN Reed* *Karen D. Reed* CVO 1/18/07 (352)690-7440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #