


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90022 042 ****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	
2. Principal Place of Business - No P.O. Box # 800 SW 12th Avenue		3. Mailing Address P.O. Box 4109	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State OCALA FL		City & State OCALA FL	
Zip 34471		Zip 34478	
Country 		Country 	
4. FEI Number 59-1172127		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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 Maureen Belcher Street Address (P.O. Box Number is Not Acceptable) 5312 SW 6th Place City Ocala FL Zip Code 34474	
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 <u><i>Maureen K. Belcher</i></u> DATE <u>1/9/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CVO REED, KAREN 5312 SW 6TH PL OCALA, FL 34474	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CVO Belcher, Maureen 5312 SW 6 th Place Ocala FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VPO CLINTON, DIANE 601 SW 25TH AVE OCALA, FL 34471	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VPO Comrie, Beverley 3201 SW College Road Ocala FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3VPR BELCHER, MAUREEN 5312 SW 6TH PL OCALA, FL 34474	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VPO Bill Chambers 301 SE 17 th Street Ocala FL 34478
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3VPO MARK IMES 60 SW 17 th Street Ocala FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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: <u><i>Maureen K. Belcher</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>1/9/08</u> (352) Daytime Phone # <u>285-6133</u>	