

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 712129

**FILED**  
**Feb 16, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

800 SW 12 AVE  
OCALA, FL 34471

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 4109  
OCALA, FL 34478

**New Mailing Address:**

**FEI Number:** 59-1172127

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

COMRIE, BEVERLEY  
3201 SW COLLEGE ROAD  
OCALA, FL 34474 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: CVO  
Name: COMRIE, BEVERLEY  
Address: 3201 SW COLLEGE ROAD  
City-St-Zip: Ocala, FL 34474

Title: 1VPO  
Name: IMES, MARK  
Address: 60 SW 17TH ST  
City-St-Zip: Ocala, FL 34471

Title: 2VPO  
Name: WARREN, MICHAEL  
Address: 22 SOUTH PINE AVE  
City-St-Zip: Ocala, FL 34471

Title: TREA  
Name: TUKE, ROBERT  
Address: 5120 N.W. 82ND COURT  
City-St-Zip: Ocala, FL 34482

Title: SECR  
Name: HACKMYER, BETTY  
Address: 1614 SE FT KING STREET  
City-St-Zip: Ocala, FL 34471

Title: 3VPO  
Name: ROBERTS, FRED  
Address: 333 NW 3RD AVE.  
City-St-Zip: Ocala, FL 34475

I hereby 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 all other like empowered.

SIGNATURE: JERRY R. LANE

CPO

02/16/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date