

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722580

FILED  
Feb 07, 2011  
Secretary of State

**Entity Name:** OCALA-MARION COUNTY CHAMBER OF COMMERCE, INC.

**Current Principal Place of Business:**

310 SE THIRD STREET  
OCALA, FL 34474 US

**New Principal Place of Business:**

310 SE THIRD STREET  
OCALA, FL 34471 US

**Current Mailing Address:**

310 SE THIRD STREET  
OCALA, FL 34474 US

**New Mailing Address:**

310 SE THIRD STREET  
OCALA, FL 34471 US

**FEI Number:** 59-0345090

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BAILLIE, APR, JAYE  
310 SE THIRD STREET  
OCALA, FL 34471 US

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

BAILLIE, APR, IOM, JAYE  
310 SE THIRD STREET  
OCALA, FL 34471 US

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: JAYE BAILLIE, APR, IOM

02/07/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CDB  
Name: FECHTMAN, DAVE  
Address: 44 SE 1ST AVENUE, SUITE 215  
City-St-Zip: OCALA, FL 34471 US

Title: CE  
Name: O'CONNOR, BRIAN  
Address: 498 OAK ROAD  
City-St-Zip: OCALA, FL 34472 US

Title: PCEO  
Name: BAILLIE, APR, IOM, JAYE  
Address: 310 SE THIRD STREET  
City-St-Zip: OCALA, FL 34471 US

Title: TD  
Name: KNOX, MICHAEL  
Address: 3231 SW 34TH AVENUE  
City-St-Zip: OCALA, FL 34474 US

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: JAYE BAILLIE, APR, IOM

PCEO

02/07/2011

Electronic Signature of Signing Officer or Director

Date