2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# 727370

Entity Name: MARION COUNTY SENIOR SERVICES, INC.

Current Principal Place of Business:

1101 SOUTHWEST 20 COURT
OCALA, FL 34471 US

New Principal Place of Business:

Current Mailing Address:

1101 SOUTHWEST 20 COURT
OCALA, FL 34471 US

New Mailing Address:

FEI Number: 23-7362750 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WATTS, BERNARD
1114 SE 10 ST.
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:	CD	( ) Delete
Name:	WATTS, BERNARD	
Address:	1114 SE. 10 ST.	
City-St-Zip:	OCALA, FL 34471	
Title:	VC	( ) Delete
Name:	HOWELL, BILLY	
Address:	2056 SE TWIN BRIDGE CT.	
City-St-Zip:	OCALA, FL 34471	
Title:	ED	( ) Delete
Name:	CROSS, GAIL	
Address:	6696 S W 17TH TERRACE RD	
City-St-Zip:	OCALA, FL 34476	
Title:	STD	( ) Delete
Name:	CLARK, PAUL	
Address:	131 SW 15 ST	
City-St-Zip:	OCALA, FL 34474	
Title:	ED	(X) Delete
Name:	CROSS, GAIL	
Address:	6696 S.W. 17 TERRANCE RD.	
City-St-Zip:	OCALA, FL 34474	
Title:	ST	(X) Delete
Name:	CLARK, PAUL	
Address:	131 SW 15 ST	
City-St-Zip:	OCALA, FL 34474	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	ED	(X) Change ( ) Addition
Name:	STROH, SARAH G	
Address:	1534 SE 54TH STREET	
City-St-Zip:	OCALA, FL 34480	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify 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: SARAH G STROH ED 04/15/2009

Electronic Signature of Signing Officer or Director — Date