

2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 19, 2004 8:00 am
Secretary of State

02-19-2004 90028 015 ****61.25

DOCUMENT # 753613

1. Entity Name
MARION COUNTY HISTORICAL SOCIETY, INC.



Principal Place of Business
801 N.E. SANCHEZ
OCALA, FL 34470 US

Mailing Address
801 NE SANCHEZ
OCALA, FL 34470 US

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24012636

01182004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROBERT, LIPSCOMB
15 SE OSCEOLA AVE.
OCALA, FL 32670

**DO NOT WRITE
IN THIS SPACE**

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 resetting)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DEBARY, EARL
STREET ADDRESS	3722 S E FT KING
CITY-ST-ZIP	OCALA, FL
TITLE	VD
NAME	JANOWITZ, BARBARA
STREET ADDRESS	P.O. BOX 3928 N/A
CITY-ST-ZIP	OCALA, FL
TITLE	SD
NAME	TINKHAM, SALLY
STREET ADDRESS	10975 SW 152ND PLACE
CITY-ST-ZIP	DUNNELLON, FL 34432
TITLE	TD
NAME	DEBARY, BETTIE
STREET ADDRESS	3722 SE FT KING
CITY-ST-ZIP	OCALA, FL
TITLE	D
NAME	ROBINSON, LOUVENIA
STREET ADDRESS	1331 NE 16TH ST.
CITY-ST-ZIP	OCALA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Betty DeBar

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-04

Date

352) 694-2529

Daytime Phone #