


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2005 08:00 AM
Secretary of State

DOCUMENT # 753613 1. Entity Name MARION COUNTY HISTORICAL SOCIETY, INC.	
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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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01142005 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
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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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEBARY, EARL 3722 S E FT KING OCALA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JANOWITZ, BARBARA P.O. BOX 3928 N/A OCALA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TINKHAM, SALLY 10975 SW 152ND PLACE DUNNELLON, FL 34432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DEBARY, BETTIE 3722 SE FT KING OCALA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOON, RICHARD 4579 NE 2ND ST. OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE 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: Bettie DeBary BETTIE DEBARY 1-16-05 352-694-2529
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #