

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753613

FILED  
Mar 31, 2009  
Secretary of State

**Entity Name:** MARION COUNTY HISTORICAL SOCIETY, INC.

**Current Principal Place of Business:**

801 N.E. SANCHEZ  
OCALA, FL 34470 US

**New Principal Place of Business:**

**Current Mailing Address:**

801 NE SANCHEZ  
OCALA, FL 34470 US

**New Mailing Address:**

3722 S E FORT KING ST.  
OCALA, FL 34470 US

**FEI Number:** 36-4651563

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

DEBARY, BETTIE H TREASUR  
3722 SE FORT KING ST.  
OCALA, FL 32670 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: BETTIE H. DEBARY

03/31/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: DEBARY, EARL  
Address: 3722 S E FT KING  
City-St-Zip: Ocala, FL

Title: VD (X) Delete  
Name: JANOWITZ, BARBARA  
Address: P.O. BOX 3928 N/A  
City-St-Zip: Ocala, FL

Title: SD ( ) Delete  
Name: TINKHAM, SALLY  
Address: 10975 SW 152ND PLACE  
City-St-Zip: DUNNELLON, FL 34432

Title: TD ( ) Delete  
Name: DEBARY, BETTIE  
Address: 3722 SE FT KING  
City-St-Zip: Ocala, FL

Title: D (X) Delete  
Name: MOON, RICHARD  
Address: 4579 NE 2ND ST.  
City-St-Zip: Ocala, FL 34471

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: BETTIE H. DEBARY

TREA

03/31/2009

Electronic Signature of Signing Officer or Director

Date