

**2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Sep 27, 2007**  
**Secretary of State**

DOCUMENT# 760784

**Entity Name:** MARION COUNTY BUILDING INDUSTRY ASSOCIATION OF OCALA, FL, INC.**Current Principal Place of Business:**OCALA, FLORIDA, INC.  
409 NE 36TH AVE.  
OCALA, FL 34470 US**New Principal Place of Business:**OCALA, FLORIDA, INC.  
2800 NE 14TH ST  
OCALA, FL 34470 US**Current Mailing Address:**OCALA, FLORIDA, INC.  
409 NE 36TH AVE.  
OCALA, FL 34470 US**New Mailing Address:**OCALA, FLORIDA, INC.  
2800 NE 14TH ST  
OCALA, FL 34470 US**FEI Number:** 59-2146575**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**COOPER, MICHAEL  
321 NW 3RD AVE  
OCALA, FL 34475 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:** PP ( ) Delete  
**Name:** CARLSON, TERRY  
**Address:** 2715 SE 23RD AVE  
**City-St-Zip:** OCALA, FL 34471 US**Title:** VPD ( ) Delete  
**Name:** MOWERY, MICHAEL  
**Address:** PO BOX 351  
**City-St-Zip:** SILVER SPRINGS, FL 34489 US**Title:** VP ( ) Delete  
**Name:** DUCKETT, ROY  
**Address:** 1610 SE 36TH AVE  
**City-St-Zip:** OCALA, FL 34471 US**Title:** P ( ) Delete  
**Name:** HARDEN, DAVID  
**Address:** 1823 SE FORT KING STREET, SUITE 101  
**City-St-Zip:** OCALA, FL 34471 US**Title:** SD ( ) Delete  
**Name:** SMITH, SUSAN  
**Address:** 216 NE 1ST AVE  
**City-St-Zip:** OCALA, FL 34470 US**Title:** TD ( ) Delete  
**Name:** KLUGGER, JOSHUA  
**Address:** 3261 SE 31ST STREET  
**City-St-Zip:** OCALA, FL 34471 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** VPD (X) Change ( ) Addition  
**Name:** KLUGGER, JOSHUA  
**Address:** 3261 SE 31ST STREET  
**City-St-Zip:** OCALA, FL 34471 US**Title:** VP (X) Change ( ) Addition  
**Name:** TEAL, PATRICIA  
**Address:** PO BOX 490  
**City-St-Zip:** OCALA, FL 34478 US**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** TD (X) Change ( ) Addition  
**Name:** WILSON, EDWARD  
**Address:** 6960 SW 155TH STREET  
**City-St-Zip:** DUNNELLON, FL 34432 US

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: FRANCINE A. SCHAEFER

EO

09/27/2007

Electronic Signature of Signing Officer or Director

Date