

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760784

FILED
Feb 01, 2008
Secretary of State

Entity Name: MARION COUNTY BUILDING INDUSTRY ASSOCIATION OF OCALA, FL, INC.

Current Principal Place of Business:

2800 NE 14TH STREET
2800 NE 14TH ST
OCALA, FL 34470 US

New Principal Place of Business:

Current Mailing Address:

2800 NE 14TH STREET
2800 NE 14TH ST
OCALA, FL 34470 US

New Mailing Address:

FEI Number: 59-2146575 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

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: KLUGGER, JOSHUA
Address: 3261 SE 31ST STREET
City-St-Zip: OCALA, FL 34471 US

Title: VP () Delete
Name: TEAL, PATRICIA
Address: PO BOX 490
City-St-Zip: OCALA, FL 34478 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: WILSON, EDWARD
Address: 6960 SW 155TH STREET
City-St-Zip: DUNNELLON, FL 34432 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PP (X) Change () Addition
Name: HARDEN, DAVID
Address: 1823 SE FORT KING STREET, SUITE 101
City-St-Zip: OCALA, FL 34471 US

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

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

Title: P (X) Change () Addition
Name: DAVID, CRAFT
Address: 1823 SE FORT KING STREET, SUITE 101
City-St-Zip: OCALA, FL 34471 US

Title: SD (X) Change () Addition
Name: GYGAX, LINDA
Address: 1724 SE 17TH AVENUE
City-St-Zip: OCALA, FL 34471 US

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: FRANCINE A. SCHAEFER

CEO

02/01/2008

Electronic Signature of Signing Officer or Director

Date