2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#760784

FILED Jan 14, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 2800 NE 14TH STREET 2800 NE 14TH ST OCALA, FL 34470 **New Mailing Address: Current Mailing Address:** 2800 NE 14TH STREET 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: Name and Address of New Registered Agent: COOPER, MICHAEL 321 NW 3RD AVE OCALA, FL 34475 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete HARDEN, DAVID JOHANNESEN, CHAD Name: Name: 1823 SE FORT KING STREET, SUITE 101 Address: 7634 SOUTHWEST 60TH AVE Address: City-St-Zip: OCALA, FL 34471 US City-St-Zip: OCALA, FL 34476 US Title: () Delete Title: (X) Change () Addition KLUGGER, JOSHUA Name: KLUGGER, JOSHUA Name: Address: **3261 SE 31ST STREET** Address: **3251 SE 31ST STREET** City-St-Zip: OCALA, FL 34471 US City-St-Zip: OCALA, FL 34471 US Title: () Delete Title: () Change () Addition TEAL, PATRICIA Name: Name: Address: PO BOX 490 Address: City-St-Zip: OCALA, FL 34478 US City-St-Zip: Title: () Delete Title: (X) Change () Addition DAVID, CRAFT Name: Name: DAVID, CRAFT 1823 SE FORT KING STREET, SUITE 101 Address: Address: 5012 SW 1ST LANE City-St-Zip: OCALA, FL 34471 US City-St-Zip: OCALA, FL 34474 US Title: () Delete Title: () Change () Addition GYGAX, LINDA Name: Name: 1724 SE 17TH AVENUE Address: Address: City-St-Zip: OCALA, FL 34471 US City-St-Zip: Title: () Delete Title: () Change () Addition WILSON, EDWARD Name: Name: Address: 6960 SW 155TH STREET Address: DUNNELLON, FL 34432 US City-St-Zip: 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. JOHANNESEN CEO 01/14/2009