

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765436

FILED  
May 19, 2004  
Secretary of State

**Entity Name:** MARION COUNTY ROADBUILDERS ASSOCIATION, INC.

**Current Principal Place of Business:**

P.O. BOX 2973  
OCALA, FL 344792973 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2973  
OCALA, FL 344792973 US

**New Mailing Address:**

**FEI Number:** 59-2252782

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DEAN & DEAN, LLP  
230 NE 25TH AVE  
OCALA, FL 344707075 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: PD ( ) Delete  
Name: COUNTS, STEVE  
Address: 16611 SE 58TH AVE.  
City-St-Zip: SUMMERFIELD, FL 34491

Title: VPD ( ) Delete  
Name: VANDEVEN, HARVEY  
Address: 4620 NE 35TH STREET  
City-St-Zip: OCALA, FL 34479

Title: SD ( ) Delete  
Name: MALOY, PETE  
Address: 3021 NW 21ST STREET  
City-St-Zip: OCALA, FL 34475

Title: TD ( ) Delete  
Name: BAUER, KATHY  
Address: P.O. BOX 2758  
City-St-Zip: BELLEVIEW, FL 34421

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

Title: PD (X) Change ( ) Addition  
Name: VANDEVEN, HARVEY  
Address: 4620 NE 35TH ST  
City-St-Zip: OCALA, FL 34479

Title: VPD (X) Change ( ) Addition  
Name: MALOY, PETE  
Address: 3021 NW 21ST ST  
City-St-Zip: OCALA, FL 34475

Title: SD (X) Change ( ) Addition  
Name: YARBOROUGH, DEAN  
Address: 2300 SW 3 AVE  
City-St-Zip: OCALA, FL 34474

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: HARVEY VANDEVEN

PD

05/19/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date