

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765436

FILED
Jul 09, 2005
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 ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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: VANDEVEN, HARVEY
Address: 4620 NE 35TH ST
City-St-Zip: OCALA, FL 34479

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

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

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

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:

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

07/09/2005

Electronic Signature of Signing Officer or Director

Date