## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 765436**

FILED May 18, 2006 Secretary of State

Entity Name: MARION COUNTY ROADBUILDERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

P.O. BOX 2973

OCALA, FL 344792973 US

Current Mailing Address: New Mailing Address:

P.O. BOX 2973

OCALA, FL 344792973 US

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: Name and Address of New Registered Agent:

DEAN & DEAN, LLP 230 NE 25TH AVE OCALA, FL 344707075 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:

Title: PD ( ) Delete Title: PD (X) Change ( ) Addition Name: VANDEVEN, HARVEY Name: COUNTS, STEVEN C

 Address:
 4620 NE 35TH ST
 Address:
 16611 SE 58 AVE.

 City-St-Zip:
 OCALA, FL 34479
 City-St-Zip:
 SUMMERFIELD, FL 34491

Title: VPD ( ) Delete Title: VPD (X) Change ( ) Addition Name: MALOY, PETE Name: YARBROUGH, DEAN

 Name:
 MALOY, PETE
 Name:
 YARBROUGH, DEA

 Address:
 3021 NW 21ST ST
 Address:
 2300 SW 3 AVE

 City-St-Zip:
 OCALA, FL 34475
 City-St-Zip:
 OCALA, FL 34474

Title: SD () Delete Title: SD (X) Change () Addition Name: YARBOROUGH, DEAN Name: THOMPSON, GEORGE

 Name:
 YARBOROUGH, DEAN
 Name:
 THOMPSON, GEORGE

 Address:
 2300 SW 3 AVE
 Address:
 10060 NW HWY 225A

 City-St-Zip:
 OCALA, FL 34474
 City-St-Zip:
 OCALA, FL 34482

 Name:
 BAUER, KATHY
 Name:
 COUNTS, TOBY

 Address:
 P.O. BOX 2758
 Address:
 3021 NW 21 ST.

 City-St-Zip:
 BELLEVIEW, FL 34421
 City-St-Zip:
 OCALA, FL 34475

I hereby certify that the information supplied with this filing does not qualify for the 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: STEVEN C. COUNTS PRES 05/18/2006