

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90025 049 ****70.00

DOCUMENT # N00000000303

1. Entity Name

MARION COUNTY MASTER GARDENERS, INC.



Principal Place of Business

2232 NE JACKSONVILLE RD.
OCALA FL 34470

Mailing Address

2232 NE JACKSONVILLE RD.
OCALA FL 34470

34005211



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3617127

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KOSTOFF, NANCY
13 NEEDLE DR
OCALA FL 34482

7. Name and Address of New Registered Agent

Name

CARLSEN, MARGUERITE

Street Address (P.O. Box Number is Not Acceptable)

1811 NE 40TH CT.

City

OCALA

FL

Zip Code

34470

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Marguerite Carlsen President

2-9-04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	KOSTOFF, NANCY	
STREET ADDRESS	13 NEEDLES DR	
CITY-ST-ZIP	OCALA FL 34482	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	CARLSEN, MARGUERITE	
STREET ADDRESS	1811 NE 40TH CT	
CITY-ST-ZIP	OCALA FL 34470	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MURRELL, KATE	
STREET ADDRESS	11849 SE SUNSET HARBOR RD	
CITY-ST-ZIP	WEIRSDALE FL 32195	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FLEMING, ELLEN	
STREET ADDRESS	5460 NW 26TH LANE	
CITY-ST-ZIP	OCALA FL 34482	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BURKE, MARIONALICE	
STREET ADDRESS	8747 SW 93RD RD UNIT C	
CITY-ST-ZIP	OCALA FL 34481	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CAIN, KERRY	
STREET ADDRESS	8926 SW 8TH STREET	
CITY-ST-ZIP	OCALA FL 34481	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLSEN, MARGUERITE	
STREET ADDRESS	1811 NE 40TH CT.	
CITY-ST-ZIP	OCALA, FL. 34470	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NIMKE, ALAN	
STREET ADDRESS	7865 W HWY 40 LOT 75	
CITY-ST-ZIP	OCALA, FL. 34482-4485	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEYTE VIDAL, JOSEPHINE	
STREET ADDRESS	1808 SE 3RD. AVE	
CITY-ST-ZIP	OCALA, FL. 34471	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, DAVID	
STREET ADDRESS	5 EMERALD RUN	
CITY-ST-ZIP	OCALA, FL 34472	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANDUSEN, JACQUELINE	
STREET ADDRESS	13834 SW 111TH AVE	
CITY-ST-ZIP	DUNNEILION, FL. 34432	

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Ellen Fleming Treasurer 2-9-04 352-622-246

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #