

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000303

FILED
Jan 19, 2009
Secretary of State

Entity Name: MARION COUNTY MASTER GARDENERS, INC.

Current Principal Place of Business:

2232 NE JACKSONVILLE RD.
OCALA, FL 34470

New Principal Place of Business:

Current Mailing Address:

2232 NE JACKSONVILLE RD.
OCALA, FL 34470

New Mailing Address:

FEI Number: 59-3617127

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LEYTE-VIDAL, JOSEPHINE
1808 SE 3RD AVENUE
OCALA, FL 34471 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: LEYTE-VIDAL, JOSEPHINE
Address: 1808 SE 3RD AVENUE.
City-St-Zip: OCALA, FL 34471

Title: VD () Delete
Name: BAILEY, LORI
Address: 17646 SW 114TH ST.
City-St-Zip: DUNNELLON, FL 34432

Title: SD () Delete
Name: CACCAVALE, CAROLYN
Address: P.O. BOX 784
City-St-Zip: FAIRFIELD, FL 32634

Title: TD () Delete
Name: FLEMING, ELLEN
Address: 5460 NW 26TH LANE
City-St-Zip: OCALA, FL 34482

Title: D () Delete
Name: BILDSTEN, OLLE
Address: 11590 SW 140TH LOOP
City-St-Zip: DUNNELLON, FL 34432

Title: D () Delete
Name: BERGQUIST, RICHARD
Address: 20165 SW 97TH PLACE
City-St-Zip: DUNNELLON, FL 34431

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:

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 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: ELLEN FLEMING

TD

01/19/2009

Electronic Signature of Signing Officer or Director

Date