2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2010
Secretary of State

DOCUMENT# N00000000303

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

Title: VD
Name: JONES, LESLIE
Address: 1076 NE 31ST TERR
City-St-Zip: OCALA, FL 34470

Title: SD
Name: EDENHOFER, KATHERINE
Address: 15740 SE 112TH LANE
City-St-Zip: OCKLAWAHA, FL 32179

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

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

Title: D
Name: OLDHAM, STEPHEN
Address: 13535 SE 93RD CT RD
City-St-Zip: SUMMERFIELD, FL 34491

I hereby 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 all other like empowered.

SIGNATURE: ELLEN FLEMING TD 01/09/2010

Electronic Signature of Signing Officer or Director — Date