2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000918

Entity Name: MARION CULTURAL ALLIANCE, INC.

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business: New P	rincipal Place of Business:
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23 SW BROADWAY ST OCALA, FL 34474

Current Mailing Address: New Mailing Address:

PO BOX 1571 OCALA, FL 34478

FEI Number: 31-1760490 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LEDDING, NANCY C 23 SW BROADWAY ST OCALA, FL 34474

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:

VPD (X) Change () Addition () Delete ERGLE, GERALD ERGLE, GERALD Name: Name: 3631 SE 12TH PL Address: 3631 SE 12TH PL Address:

City-St-Zip: OCALA, FL 34471 City-St-Zip: OCALA, FL 34471

Title: SD () Delete Title: ED (X) Change () Addition Name: MCCUNE, JESSICA Name: LEDDING, NANCY Address: 1230 SE 12TH ST Address: 23 SW BROADWAY ST

City-St-Zip: OCALA, FL 34471 City-St-Zip: OCALA, FL 34474

Title: () Delete Title: (X) Change () Addition COLLIER, DARYL COLLIER, DARYL Name: Name:

550 NE 25TH AVE. Address: Address: 550 NE 25TH AVE. City-St-Zip: OCALA, FL 34471 City-St-Zip: OCALA, FL 34471

() Delete Title: CD Title: PD (X) Change () Addition

ADAMS, RUS Name: Name: ADAMS, RUS 2265 MILL CREEK CIRCLE

Address: Address: 2265 MILL CREEK CIRCLE City-St-Zip: OCALA, FL 34471 City-St-Zip: OCALA, FL 34471

Title: () Delete Title: SD (X) Change () Addition

RAMSAMMY, JILLIAN LEE, LINDA Name: Name:

1501 W. SILVER SPRINGS BLVD. 3911 SE 52ND STREET Address: Address: City-St-Zip: OCALA, FL 34475 City-St-Zip: OCALA, FL 34480

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: NANCY LEDDING ED 04/30/2009