

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2007 8:00 am
Secretary of State

02-06-2007 90008 041 ****61.25

DOCUMENT # N01000008795

1. Entity Name
MARION COUNTY LITERACY COUNCIL, INC.



Principal Place of Business
**110 E SILVER SPRINGS BLVD
OCALA, FL 34470**

Mailing Address
**110 E SILVER SPRINGS BLVD
OCALA, FL 34470**

400000001



2. Principal Place of Business - No P.O. Box # 240 SW 8th Street		3. Mailing Address 240 SW 8th Street	
Suite, Apt. #, etc. Suite C		Suite, Apt. #, etc. Suite C	
City & State Ocala, FL		City & State Ocala, FL	
Zip 34474	Country U.S.	Zip 34474	Country U.S.

02022007 Chg-NP CR2E037 (12/06)

4. FEI Number 60-0000676	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SCHATT, J. THEODORE
7 E SILVER SPRINGS BLVD
SUITE 204
OCALA, FL 34470**

7. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable) 7 East Silver Springs Blvd.	
Suite Suite 500	
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 *J. Schatt* DATE 2/2/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2007**

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 PRES	<input type="checkbox"/> Delete
NAME HILLESLAND, JACK	
STREET ADDRESS 498 OAK ROAD, MAIL POINT A04	
CITY-ST-ZIP OCALA, FL 34472	
TITLE VP	<input type="checkbox"/> Delete
NAME BARBER, KET	
STREET ADDRESS 3862 NE 19TH CIRCLE	
CITY-ST-ZIP OCALA, FL 34470	
TITLE SEC	<input checked="" type="checkbox"/> Delete
NAME NICHOLS, LISA	
STREET ADDRESS 3003 SW COLLEGE ROAD, #205	
CITY-ST-ZIP OCALA, FL 34474	
TITLE TREA	<input type="checkbox"/> Delete
NAME DUNEGAN, JAMES E	
STREET ADDRESS 11593 SW 72ND CIRCLE	
CITY-ST-ZIP OCALA, FL 34476	
TITLE D	<input type="checkbox"/> Delete
NAME SCHATT, J. THEODORE	
STREET ADDRESS P.O. BOX 3775	
CITY-ST-ZIP OCALA, FL 34478	
TITLE D	<input type="checkbox"/> Delete
NAME BRADY, DAVID	
STREET ADDRESS 5116 SE 44TH CIRCLE	
CITY-ST-ZIP OCALA, FL 34480	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME VARNER, LISA	
STREET ADDRESS 3003 SW COLLEGE RD., #205	
CITY-ST-ZIP OCALA, FL 34474	
TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BARBER, KET	
STREET ADDRESS 3862 NE 19TH CIRCLE	
CITY-ST-ZIP OCALA, FL 34470	
TITLE S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ALSOBROOK, JIM	
STREET ADDRESS 4935 SE 44th CIRCLE	
CITY-ST-ZIP OCALA, FL 34480	
TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HEARN, CHARLOTTE	
STREET ADDRESS 330 SEMINOLE OAK TRAIL	
CITY-ST-ZIP DELEON, FL 32102	
TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SCHATT, J. THEODORE	
STREET ADDRESS 7 E. SILVER SPRINGS BLVD., STE 500	
CITY-ST-ZIP OCALA, FL 34470	
TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME WHITMORE, CHERYL	
STREET ADDRESS 8461 SW 56TH AVE. RD.	
CITY-ST-ZIP OCALA, FL 34476	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *J. Schatt* DATE 2/2/07 (352) 351-8003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHMENT 40009984

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N01000008795

MARION COUNTY LITERACY COUNCIL, INC.

Continuation of:

11.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAGGS, MARY L. 2121 SW 19 TH AVE RD OCALA, FLORIDA 34474	___ CHANGE <u>X</u> ADDITION
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENNETT, LISA 3921 SW COLLEGE RD OCALA, FLORIDA 34474	___ CHANGE <u>X</u> ADDITION
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NIMMO, BRAD 926 NW 27 TH AVE OCALA, FLORIDA 34475	___ CHANGE <u>X</u> ADDITION
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CURTIS, KATHY 4162 NW 37 TH TERRACE GAINESVILLE, FLORIDA 32606	___ CHANGE <u>X</u> ADDITION
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOODSON, BARBARA 10638 SW 71 ST CIRCLE OCALA, FLORIDA 34476	___ CHANGE <u>X</u> ADDITION
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXEC D HILL, KAREN J. 240 SW 8 TH STREET, SUITE C OCALA, FLORIDA 34474	___ CHANGE <u>X</u> ADDITION