
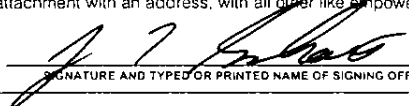


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90059 007 ****61.25

DOCUMENT # N01000008795 1. Entity Name MARION COUNTY LITERACY COUNCIL, INC.					
Principal Place of Business 240 SW 8TH STREET SUITE C OCALA, FL 34474			Mailing Address 240 SW 8TH STREET SUITE C OCALA, FL 34474		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FEI Number 60-0000676				Applied For Not Applicable	
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 500 OCALA, FL 34470			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES HILLESLAND, JACK 498 OAK ROAD, MAIL POINT A04 OCALA, FL 34472	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILLESLAND, JACK 498 OAK ROAD, MAIL POINT A04 OCALA, FL 34472	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARBER, KET 3862 NE 19TH CIRCLE OCALA, FL 34470	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARBER, KET 3862 NE 19TH CIRCLE OCALA, FL 34470	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC ALSOBROOK, JIM 4935 SE 44TH CR. OCALA, FL 34480	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALSOBROOK, JIM 4935 SE 44TH CIRCLE OCALA, FL 34480	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA DUNEGAN, JAMES E 11593 SW 72ND CIRCLE OCALA, FL 34476	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHATT, J. THEODORE 7 E. SILVER SPRINGS BLVD., 500 OCALA, FL 34470	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRADY, DAVID 5116 SE 44TH CIRCLE OCALA, FL 34480	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 			1-18-08 352-351-8003		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

ATTACHMENT 40007120

N01000008795

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MARION COUNTY LITERACY COUNCIL, INC.
FEI Number 60-000676

Continuation of:
10.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRAD NIMMO 926 NW 27 TH AVE OCALA, FL 34474	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAREN J. HILL 110 SIKLVER SPIRNGS BLVD OCALA, FL 34470	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KATHY CURTIS 8576 NE 19 TH AVE OCALA, FL 34479	

Continuation of:
11.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VARNER, LISA 3231 SW 34 TH AVENUE OCALA, FLORIDA 34474	<input type="checkbox"/> CHANGE <input checked="" type="checkbox"/> ADDITION
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TEAL, PATRICIA 240 SW 8 TH STREET, SUITE C OCALA, FLORIDA 34474	<input type="checkbox"/> CHANGE <input checked="" type="checkbox"/> ADDITION
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEARN, CHARLOTTE 330 SEMINOLE OAK TRAIL DELEON SPRINGS, FL 32102	<input type="checkbox"/> CHANGE <input checked="" type="checkbox"/> ADDITION
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITMIRE, CHERYL 8461 SW 56 TH AVENUE ROAD OCALA, FL 34476	<input type="checkbox"/> CHANGE <input checked="" type="checkbox"/> ADDITION
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMSAMMY, JILLIAN 1501 W. SILVER SPRINGS BLVD. OCALA, FLORIDA 34475	<input type="checkbox"/> CHANGE <input checked="" type="checkbox"/> ADDITION
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILCOX, WESLEY 240 SW 8 TH STREET, SUITE C OCALA, FLORIDA 34474	<input type="checkbox"/> CHANGE <input checked="" type="checkbox"/> ADDITION
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORTEGO, JOSHUA 7470 SE 12 TH CIRCLE OCALA, FL 34480	<input type="checkbox"/> CHANGE <input checked="" type="checkbox"/> ADDITION

ATTACHMENT 40007120

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Continuation of:

11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, LOLA 1010 N. MAGNOLIA AVE., STE 202 OCALA, FL 34475	___ CHANGE <u>X</u> ADDITION
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOODSON, BARBARA 10638 SW 71 ST CIRCLE OCALA, FL 34476	___ CHANGE <u>X</u> ADDITION