2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008795

Entity Name: MARION COUNTY LITERACY COUNCIL, INC.

FILED Jan 08, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

240 SW 8TH STREET SUITE C OCALA, FL 34474

Current Mailing Address: New Mailing Address:

240 SW 8TH STREET SUITE C OCALA, FL 34474

FEI Number: 60-0000676 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:

SCHATT, J. THEODORE
7 E SILVER SPRINGS BLVD
SUITE 500
OCALA, FL 34470 US
SCHATT, J. THEODORE ESQ.
7 E SILVER SPRINGS BLVD
SUITE 500
OCALA, FL 34470 US

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: J. THEODORE SCHATT 01/08/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: D () Delete Title: PRES (X) Change () Addition

Name:HILLESLAND, JACKName:VARNER, LISAAddress:498 OAK ROAD, MAIL POINT A04Address:3231 SW 34TH AVE

City-St-Zip: OCALA, FL 34472 Address: 3231 347 Avi

Title: D () Delete Title: VP (X) Change () Addition Name: BARBER, KET Name: ALSOBROOK, JIM

 Address:
 3862 NE 19TH CIRCLE
 Address:
 4935 SE 44TH CIRCLE

 City-St-Zip:
 OCALA, FL 34470
 City-St-Zip:
 OCALA, FL 34480

 Title:
 VP
 () Delete
 Title:
 TREA
 (X) Change () Addition

 Name:
 ALSOBROOK, JIM
 Name:
 DUNEGAN, JAMES E

Address: 4935 SE 44TH CR. Address: 11593 SW 72ND CIRCLE
City-St-Zip: OCALA, FL 34480 City-St-Zip: OCALA, FL 34476

Title: TREA () Delete Title: SEC (X) Change () Addition

 Name:
 DUNEGAN, JAMES E
 Name:
 TEAL, PATRICIA

 Address:
 11593 SW 72ND CIRCLE
 Address:
 P.O. BOX 490

 City-St-Zip:
 OCALA, FL 34476
 City-St-Zip:
 OCALA, FL 34478

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$

Name: SCHATT, J. THEODORE Name: HILLESLAND, JACK

Address: 7 E. SILVER SPRINGS BLVD., 500 Address: 498 OAK ROAD, MAIL POINT A04

City-St-Zip: OCALA, FL 34470 City-St-Zip: OCALA, FL 34472

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

 Name:
 BRADY, DAVID
 Name:
 SCHATT, J. THEODORE ESQ.

 Address:
 5116 SE 44TH CIRCLE
 Address:
 7 E. SILVER SPRINGS BLVD., SUITE 500

City-St-Zip: OCALA, FL 34480 City-St-Zip: OCALA, FL 34470

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: J. THEODORE SCHATT D 01/08/2009