2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 21, 2003
Secretary of State

DOCUMENT# N02000002016

Entity Name: MARION COUNTY PREVENTION ASSOCIATION, INC.

Current Principal Place of Business:

P.O.BOX 670
OCALA, FL 34478

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 670
OCALA, FL 34478

New Mailing Address:

FEI Number: 13-4251332 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HALDIN, WILLIAM C JR
808 SE FT KING ST
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:	DC	( ) Delete
Name:	GEER, DAN	
Address:	P.O.BOX 670	
City-St-Zip:	OCALA, FL 34478	
Title:	DVC	( ) Delete
Name:	MCGUIRE, SUZANNE	
Address:	P.O.BOX 670	
City-St-Zip:	OCALA, FL 34478	
Title:	DTS	( ) Delete
Name:	GOETZ, MIKE	
Address:	P.O.BOX 1101	
City-St-Zip:	SILVER SPRINGS, FL 34489	
Title:	D	( ) Delete
Name:	TRAMMELL, CATHERINE	
Address:	P.O.BOX 670	
City-St-Zip:	OCALA, FL 34478	
Title:	D	( ) Delete
Name:	MATHEWS, MATT	
Address:	P.O.BOX 1270	
City-St-Zip:	OCALA, FL 34478	
Title:	D	( ) Delete
Name:	REIS, JANN	
Address:	P.O.BOX 771929	
City-St-Zip:	OCALA, FL 344771929	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DANIEL GEER DC 08/21/2003

Electronic Signature of Signing Officer or Director — Date