

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90095 035 \*\*\*\*61.25

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # N02000002077**

1. Entity Name

MARION CITIZENS FOR RESPONSIBLE GROWTH, INC.



Principal Place of Business

12009 NE 8TH COURT  
OCALA, FL 34479

Mailing Address

12009 NE 8TH COURT  
OCALA, FL 34479

40076490



04172007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
03-0426256

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

THUROW, WENDY L  
8585 N. W. 162 COURT  
MORRISTON, FL 32668

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME FORD, LAUREEN  
STREET ADDRESS 12009 NE 8TH COURT  
CITY-ST-ZIP Ocala, FL 34479

TITLE S  
NAME GREENBURG, JUDY  
STREET ADDRESS P.O. BOX 457  
CITY-ST-ZIP MCINTOSH, FL 32664

TITLE T  
NAME MCCANN, MARY  
STREET ADDRESS 10500 NW 60 AVE.  
CITY-ST-ZIP Ocala, FL 34482

TITLE D  
NAME THUROW, WENDY  
STREET ADDRESS 8505 NW 162 CT.  
CITY-ST-ZIP MORRISTON, FL 32668

TITLE D  
NAME CHRISTOPHER, SOCRATES  
STREET ADDRESS 1715 NW 114 LP  
CITY-ST-ZIP Ocala, FL 34479

TITLE D  
NAME SUNDSTROM, HAL  
STREET ADDRESS 11245 NW 17 CT RD  
CITY-ST-ZIP Ocala, FL 34475

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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:**

*Laureen Ford*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/07 (352) 629-1427  
Date Daytime Phone #