

FILED
Feb 20, 2003 8:00 am
Secretary of State

01-30-2003 90112 017 ****61.25

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N02000002077

1. Entity Name

MARION CITIZENS FOR RESPONSIBLE GROWTH, INC.



Principal Place of Business

Mailing Address

12009 NE 8TH COURT
OCALA FL 34479

12009 NE 8TH COURT
OCALA FL 34479

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	FORD, LAUREEN	12009 NE 8TH COURT	OCALA FL 34479	<input type="checkbox"/>
S	GREENBURG, JUDY	P.O. BOX 457	MCINTOSH FL 32664	<input type="checkbox"/>
T	ROWE, SUSAN	999 NE 120 PLACE	OCALA FL 34479	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
T	MARY McCANN	10500 NW 60 AVE	OCALA, FL 34482	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	Wendy THUROW	8585 NW 162 CT	MORRISTON, FL 32668	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Socrates Christopher	1715 NW 114 LOOP	OCALA, FL 34479	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	HAL SUNDBSTROM	11245 NW 17 CT, RD.	OCALA, FL 34475	<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify 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 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

1/20/03

(352) 629-1427

Date

Daytime Phone #

CR2E037 (10/02)