## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000003995

FILED Apr 21, 2006 Secretary of State

Entity Name: OCALA/MARION COUNTY ECONOMIC DEVELOPMENT CORPORATION

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

3003 SW COLLEGE RD. 3003 SW COLLEGE RD THE ENTERPRISE CENTER #105 SUITE 105

OCALA, FL 34474 US OCALA, FL 34474 US

Current Mailing Address: New Mailing Address:

3003 SW COLLEGE RD.
THE ENTERPRISE CENTER #105
3003 SW COLLEGE RD
SUITE 105

OCALA, FL 34474 US SUITE 105
OCALA, FL 34474 US OCALA, FL 34474 US

FEI Number: 59-1095184 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:

HODGE, ELIZABETH F

121 N.W. 3RD STREET

OCALA, FL 34475 US

TESCH, PETER J.

3003 SW COLLEGE RD

SUITE 105

OCALA, FL 34474 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: PETER J. TESCH 04/21/2006

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D ( ) Delete Title: C (X) Change ( ) Addition
Name: DASSANCE, CHARLES Name: WERNER, DAVE

Address: 3003 SW COLLEGE RD.,#105-THE ENT. CENTER Address: 3003 SW COLLEGE RD, SUITE 105

City-St-Zip: OCALA, FL 34474 City-St-Zip: OCALA, FL 34474

 $\ \, \text{Title:} \qquad C \qquad \qquad \text{( ) Delete} \qquad \qquad \text{Title:} \qquad D \qquad \qquad \text{(X) Change ( ) Addition}$ 

Name: EWERS, RON Name: HORNBY, LORI

Address: 3003 SW COLLEGE RD.#105-THE ENT. CENTER Address: 3003 SW COLLEGE RD, SUITE 105
City-St-Zip: OCALA, FL 34474 City-St-Zip: OCALA, FL 34474

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

Name: SCHNEIDER, JIM Name: MORENO-JONES, ROSEY
Address: 3003 SW COLLEGE RD.,#105-THE ENT. CENTER Address: 3003 SW COLLEGE RD, SUITE 105

City-St-Zip: OCALA, FL 34474 City-St-Zip: OCALA, FL 34474

Title: D ( ) Delete Title: D (X) Change ( ) Addition Name: SMITH, RON Name: MAGUIRE, JIM

Address: 3003 SW COLLEGE RD..#105-THE ENT. CENTER Address: 3003 SW COLLEGE RD, SUITE 105

City-St-Zip: OCALA, FL 34474 City-St-Zip: OCALA, FL 34474

Title: PS ( ) Delete Title: P (X) Change ( ) Addition

Name: TESCH, PETER J. Name: TESCH, PETER J.

Address: 3003 SW COLLEGE RD.,#105-THE ENT. CENTER Address: 3003 SW COLLEGE RD, SUITE 105

City-St-Zip: OCALA, FL 34474 City-St-Zip: OCALA, FL 34474

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

Name: VERMILLION, LYNETTE Name: Address: 3003 SW COLLEGE RD.,#105-THE ENT. CENTER Address: City-St-Zip: OCALA, FL 34474 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: PETER J. TESCH P 04/21/2006