

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003995

FILED
Apr 29, 2008
Secretary of State

Entity Name: OCALA/MARION COUNTY ECONOMIC DEVELOPMENT CORPORATION

Current Principal Place of Business:

3003 SW COLLEGE RD
SUITE 105
OCALA, FL 34474 US

New Principal Place of Business:

Current Mailing Address:

3003 SW COLLEGE RD
SUITE 105
OCALA, FL 34474 US

New Mailing Address:

FEI Number: 59-1095184

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TESCH, PETER J.
3003 SW COLLEGE RD
SUITE 105
OCALA, FL 34474 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: D () Delete
Name: WERNER, DAVE
Address: 3003 SW COLLEGE RD, SUITE 105
City-St-Zip: OCALA, FL 34474

Title: C () Delete
Name: HORNBY, LORI
Address: 3003 SW COLLEGE RD, SUITE 105
City-St-Zip: OCALA, FL 34474

Title: D () Delete
Name: MORENO-JONES, ROSEY
Address: 3003 SW COLLEGE RD, SUITE 105
City-St-Zip: OCALA, FL 34474

Title: D () Delete
Name: MAGUIRE, JIM
Address: 3003 SW COLLEGE RD, SUITE 105
City-St-Zip: OCALA, FL 34474

Title: P () Delete
Name: TESCH, PETER J.
Address: 3003 SW COLLEGE RD, SUITE 105
City-St-Zip: OCALA, FL 34474

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HORNBY, LORI
Address: 3003 SW COLLEGE RD, SUITE 105
City-St-Zip: OCALA, FL 34474

Title: C (X) Change () Addition
Name: MAGUIRE, JIM
Address: 3003 SW COLLEGE RD, SUITE 105
City-St-Zip: OCALA, FL 34474

Title: D (X) Change () Addition
Name: O'CONNOR, BRIAN
Address: 3003 SW COLLEGE RD, SUITE 105
City-St-Zip: OCALA, FL 34474

Title: D (X) Change () Addition
Name: PURVES, STEVE
Address: 3003 SW COLLEGE RD, SUITE 105
City-St-Zip: OCALA, FL 34474

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

Title: D () Change (X) Addition
Name: ELLSPERMANN, DAVID
Address: 3003 SW COLLEGE ROAD
City-St-Zip: OCALA, FL 34474

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: PETER J TESCH

P

04/29/2008

Electronic Signature of Signing Officer or Director

Date