


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 09, 2004 8:00 am**  
**Secretary of State**

04-09-2004 90032 022 \*\*\*\*70.00

<b>DOCUMENT # N02000004978</b> 1. Entity Name MARION COUNTY CITIZEN'S COALITION, INC.	
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Principal Place of Business P.O. BOX 1634 OCALA, FL 34478	Mailing Address P.O. BOX 1634 OCALA, FL 34478
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**DO NOT WRITE IN THIS SPACE**



01152004 No Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NEFF, CAROL  
8775 N.W. 60TH AVENUE  
OCALA, FL 34482

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBERTS, BILL P.O. BOX 1634 OCALA, FL 34778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WAHER, MIKE 7400 NW HWY 225A OCALA, FL 34482
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CLACK, ALAN <i>CLARK</i> 7030 NW HWY 225A OCALA, FL 34482
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NEFF, CAROL 8775 NW 60TH AVENUE OCALA, FL 34482
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treas. Bill Roberts P.O. Box 1634 OCALA, FL 34478
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: *Wm. P. Roberts, Jr.* *4/9/04*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_