


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90088 042 ****70.00

DOCUMENT # N02000004978	
1. Entity Name MARION COUNTY CITIZEN'S COALITION, INC.	

Principal Place of Business 7285 NW CR 320 MC INTOSH FL 32664	Mailing Address 4421 NW BLICHTON ROAD #349 OCALA FL 34482
---	---



2. Principal Place of Business - No P.O. Box #	3. Mailing Address PO Box 8
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E037 (10/06)

City & State Reddick, Florida	4. FEI Number NO-T APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
Zip 32686	Country USA	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GREENBERG, JUDY 7285 NW CR 320 MC INTOSH FL 32664	7. Name and Address of New Registered Agent Name Greenberg (Correct Spelling) 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 Judy Greenberg DATE 4/30/07

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD ROBERTS, BILL P.O. BOX 1634 OCALA FL 34778 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WAHER, MIKE 7400 NW HWY 225A OCALA FL 34482 <input checked="" type="checkbox"/> Delete	TITLE VD NAME STREET ADDRESS CITY-ST-ZIP	George Sarres PO Box 1604 Ocala, FL 34478-1604 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WOODS, SUSAN 7323 NW 90TH AVENUE OCALA FL 34482 <input checked="" type="checkbox"/> Delete	TITLE VD NAME STREET ADDRESS CITY-ST-ZIP	Alan Clark 7030 NW Hwy 225A Ocala, FL 34482 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GREENBERG, JUDY 7285 NW CR 320 MC INTOSH FL 32664 <input type="checkbox"/> Delete	TITLE TC NAME STREET ADDRESS CITY-ST-ZIP	Greenberg, Judy 7285 NW CR 320 McIntosh, FL 32664 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STERN, GAIL 7000 NW HWY 225A OCALA FL 34482 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Judy Greenberg Judy Greenberg 4/30/07 352-591-5986

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