

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 14, 2008 8:00 am**  
**Secretary of State**

05-14-2008 90018 024 \*\*\*\*61.25

<b>DOCUMENT # N02000004978</b> 1. Entity Name <b>MARION COUNTY CITIZEN'S COALITION, INC.</b>			
Principal Place of Business <b>7285 NW CR 320</b> <b>MC INTOSH, FL 32664</b>		Mailing Address <b>PO BOX 8</b> <b>REDDICK, FL 32686</b>	
2. Principal Place of Business - No P.O. Box # <b>207 SW 207th Court</b> Suite, Apt. #, etc.		3. Mailing Address <b>Post Office Box 8</b> Suite, Apt. #, etc.	
City & State <b>Dunnellon, Florida</b> Zip <b>34431</b>		City & State <b>Reddick, Florida</b> Zip <b>32686</b>	
4. FEI Number <b>NOT APPLICABLE</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>GREENBERG, JUDY</b> <b>7285 NW CR 320</b> <b>MC INTOSH, FL 32664</b>		7. Name and Address of New Registered Agent Name <b>Norma Perdue</b> Street Address (P.O. Box Number is Not Acceptable)  <b>207 SW 207th Court</b> City <b>Dunnellon</b> <b>FL</b> Zip Code <b>34431</b>	
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 <u><i>Norma Perdue</i></u> <b>Norma Perdue</b> <u>4/24/08</u> DATE <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing))</small>			
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE <b>PD</b> NAME <b>ROBERTS, BILL</b> STREET ADDRESS <b>P.O. BOX 4634</b> CITY-ST-ZIP <b>OCALA, FL 34778</b>	<input type="checkbox"/> Delete	TITLE <b>NAME</b> STREET ADDRESS <b>15921 NW Hwy 464B</b> CITY-ST-ZIP <b>Morrison, Florida 32668</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <b>VD</b> NAME <b>SARRES, GEORGE</b> STREET ADDRESS <b>PO BOX 1604</b> CITY-ST-ZIP <b>OCALA, FL 34781804</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>VD</b> NAME <b>Dr. Alan Clark</b> STREET ADDRESS <b>7030 NW Hwy 225A, Ocala, Florida</b> CITY-ST-ZIP <b>34482</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>VD</b> NAME <b>CLARK, ALAN</b> STREET ADDRESS <b>7030 NW HWY 225A</b> CITY-ST-ZIP <b>OCALA, FL 34482</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>VD</b> NAME <b>Jerome Feaster</b> STREET ADDRESS <b>22016 Hwy 329, Micangy, FL</b> CITY-ST-ZIP <b>32667</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>TC</b> NAME <b>GREENBERG, JUDY</b> STREET ADDRESS <b>7285 NW CR 320</b> CITY-ST-ZIP <b>MC INTOSH, FL 32664</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>TC</b> NAME <b>Norma Perdue</b> STREET ADDRESS <b>207 SW 207th Court</b> CITY-ST-ZIP <b>Dunnellon, FL 34431</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>S</b> NAME <b>STERN, GAIL</b> STREET ADDRESS <b>7000 NW HWY 225A</b> CITY-ST-ZIP <b>OCALA, FL 34482</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>S</b> NAME <b>Paul Marraffino</b> STREET ADDRESS <b>19544 SW 82nd Pl Road, Dunnellon, FL</b> CITY-ST-ZIP <b>34432</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>NAME</b> STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE <b>NAME</b> 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 Chapter 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: <u><i>Alan J Clark</i></u> <b>ALAN J CLARK</b> <u>4-24-08</u> <b>352-671-9066</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date Daytime Phone #	