

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004978

FILED
Apr 22, 2009
Secretary of State

Entity Name: MARION COUNTY CITIZEN'S COALITION, INC.

Current Principal Place of Business:

207 SW 207TH CT
DUNNELLON, FL 34431

New Principal Place of Business:

Current Mailing Address:

PO BOX 8
REDDICK, FL 32686

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PERDUE, NORMA
207 SW 207TH CT
DUNNELLON, FL 34431 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: PD () Delete
Name: ROBERTS, BILL
Address: 15921 NW HWY 464B
City-St-Zip: MORRISTON, FL 32668

Title: VD () Delete
Name: CLARK, DR, ALAN
Address: 7030 NW HWY 225A
City-St-Zip: OCALA, FL 34482

Title: VD () Delete
Name: FEASTER, JEROME
Address: 22016 HWY 329
City-St-Zip: MICANOPY, FL 32667

Title: TC () Delete
Name: PERDUE, NORMA
Address: 207 SW 207TH CT
City-St-Zip: DUNNELLON, FL 34431

Title: S () Delete
Name: MARRAFFINO, PAUL
Address: 19544 SW 82ND RD
City-St-Zip: DUNNELLON, FL 34432

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GARY, GREENBERG
Address: 7285 NW CR320
City-St-Zip: MCINTOSH, FL 32664

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

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

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

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

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: PAUL MARRAFFINO

SEC

04/22/2009

Electronic Signature of Signing Officer or Director

Date