2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 19, 2008 8:00 am DOCUMENT # N02000005810 **Secretary of State** 1. Entity Name 02-19-2008 90024 003 ****61.25 OCALA WEST DETACHMENT 1072 M.C.L., INC. Principal Place of Business Mailing Address POST OFFICE BOX 773625 POST OFFICE BOX 773625 **OCALA FL 34477** OCALA FL 34477 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State 4. FEI Number Applied For 59-3681319 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HOWATINECK, FRED J. HAYMAN, CHARLES L Street Address (P.O. Box Number is Not Acceptable) 15768 SW 14TH AVENUE ROAD **OCALA FL 34473** 10320 SW 129TH ROAD TERRACE FL 34432 DÜNNELLON 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. FRED J. HOWATINECK FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to: \$5.00 May Be Trust Fund Contribution. Due By May 1, 2008 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE HAYMAN, CHARLES L. TIME 🌠 Delate ☐ Change MCCARTHY, JAMES 15768 SW 14TH AVENUE ROAD NAME NAME 8771 SW 116TH LANE ROAD STREET ADDRESS STREET ADDRESS OCALA, FL 34473 OCALA FL 34481 CITY-ST-ZIP CITY-ST-ZIP KRECZMER EDWARD J. TITLE ☐ Delete TITLE Change ☐ Addition KRECZMER, EDWARD J 8171 SW 80TH TERRACE NAME NAME 81715 S.W. 80TH TERRACE STREET ADDRESS STREET ADDRESS OCALA, FL 34476 OCALA FL 34476 CITY-ST-ZIP CITY-ST-ZIF Change TETLE ☐ Delate HTLE Addition HENAGHAN, ROBERT I NAME NAME 10439 S.W 75TH TERRACE STREET ADDRESS STREET ADDRESS OCALA FL 34476 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition [TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE □ Change ☐ Addition TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P THILE ☐ Delete Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS

FILED

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 cath; 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.

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: Cheere L. HAYMAN 2/9/08 (352)553-2456