2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2006
Secretary of State

DOCUMENT# N02000005814

Entity Name: MARION SPRINGS FOUNDATION, INC.

Current Principal Place of Business:

4501 SHERWOOD TRACE
GAINESVILLE, FL 32605

New Principal Place of Business:

Current Mailing Address:

4501 SHERWOOD TRACE
GAINESVILLE, FL 32605

New Mailing Address:

FEI Number: 33-1015814 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

THEROUX, JAMES E
4501 SHERWOOD TRACE
GAINESVILLE, FL 32605 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:	VPD	( ) Delete
Name:	THEROUX, MARY A	
Address:	4501 SHERWOOD TRACE	
City-St-Zip:	GAINESVILLE, FL 32605 US	
Title:	VTD	(X) Delete
Name:	PATTON, MARY B	
Address:	7420 SW 111TH PLACE	
City-St-Zip:	OCALA, FL 34476 US	
Title:	PD	( ) Delete
Name:	THEROUX, JAMES E	
Address:	4501 SHERWOOD TRACE	
City-St-Zip:	GAINESVILLE, FL 32605 US	
Title:	VSD	( ) Delete
Name:	RITTER, RODLEE E	
Address:	920 SW 170TH STREET	
City-St-Zip:	NEWBERRY, FL 32669 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: JAMES E. THEROUX PD 01/06/2006

Electronic Signature of Signing Officer or Director — Date