

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02000005814

FILED
Apr 23, 2003
Secretary of State

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

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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD () Change (X) Addition
Name: THEROUX, MARY A
Address: 4501 SHERWOOD TRACE
City-St-Zip: GAINESVILLE, FL 32605 US

Title: VPD () Change (X) Addition
Name: THEROUX, RICHARD J
Address: 4501 SHERWOOD TRACE
City-St-Zip: GAINESVILLE, FL 32605 US

Title: VTD () Change (X) Addition
Name: PATTON, MARY B
Address: 7420 SW 111TH PLACE
City-St-Zip: OCALA, FL 34476 US

Title: PD () Change (X) Addition
Name: THEROUX, JAMES E
Address: 4501 SHERWOOD TRACE
City-St-Zip: GAINESVILLE, FL 32605 US

Title: CEOD () Change (X) Addition
Name: PATTON, GERALD R
Address: 7420 SW 111TH PLACE
City-St-Zip: OCALA, FL 34476 US

Title: VSD () Change (X) Addition
Name: RITTER, RODLEE E
Address: 920 SW 170TH STREET
City-St-Zip: NEWBERRY, FL 32669 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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

04/23/2003

Electronic Signature of Signing Officer or Director

Date