

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 21, 2004 8:00 A.M.**  
**Secretary of State**

DOCUMENT # N02000007353

1. Entity Name  
MARION COUNTY MEMORIAL HONOR GUARD, INC.



Principal Place of Business  
14594 S.W. 35TH TERRACE RD.  
OCALA, FL 34473

Mailing Address  
14594 S.W. 35TH TERRACE RD.  
OCALA, FL 34473



01142004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
33-1020918

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

NAVE, ARTHUR A  
14594 S.W. 35TH TERRACE RD.  
OCALA, FL 34473

**DO NOT WRITE  
IN THIS SPACE**

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: *Arthur A. Nave* **ARTHUR A. NAVE** 1/17/04 **PRESIDENT**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME NAVE, ARTHUR A  
STREET ADDRESS 14594 S.W. 35TH TERRACE RD.  
CITY-ST-ZIP Ocala, FL 34473

TITLE VD  
NAME HARRISON, EDWARD  
STREET ADDRESS 14050 SE 48TH AVE.  
CITY-ST-ZIP SUMMERFIELD, FL 34491

TITLE SD  
NAME JOSEPH, ROBERT  
STREET ADDRESS 8880 SW 27TH AVE., B-33  
CITY-ST-ZIP Ocala, FL 34476

TITLE TD  
NAME HESS, CHARLES  
STREET ADDRESS 6407 SE 108TH ST., LOT 42  
CITY-ST-ZIP BELLEVUE, FL 344203489

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000027491090  
01/23/04--01016--009 \*\*61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Arthur A. Nave* **ARTHUR A. NAVE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/04 352-347-1954  
Date Daytime Phone #