

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007353

FILED
Jan 05, 2009
Secretary of State

Entity Name: MARION COUNTY MEMORIAL HONOR GUARD, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 33-1020918

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NAVE, ARTHUR A
14594 S.W. 35TH TERRACE RD.
OCALA, FL 34473 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: NAVE, ARTHUR A
Address: 14594 S.W. 35TH TERRACE RD.
City-St-Zip: OCALA, FL 34473

Title: VD () Delete
Name: HARRISON, EDWARD
Address: 14050 SE 48TH AVE.
City-St-Zip: SUMMERFIELD, FL 34491

Title: SD () Delete
Name: CAVES, JEWETT PAIGE
Address: 4070 SW 168TH. CIRCLE
City-St-Zip: OCALA, FL 34481

Title: TD () Delete
Name: DESCHENEUX, JR., ERNEST
Address: 18470 SW 66TH. LOOP
City-St-Zip: DUNNELLON, FL 34432

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 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: ARTHUR A. NAVE

PD

01/05/2009

Electronic Signature of Signing Officer or Director

Date