

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003317

FILED
Jan 28, 2009
Secretary of State

Entity Name: MARION COUNTY AQUAHOLICS PADDLER'S GROUP, INC.

Current Principal Place of Business:

C/O JOHN A. GREENE
8384 SW 106TH ST
OCALA, FL 34481

New Principal Place of Business:

C/O DAVID CLARK
3330 NE 17TH AVE
OCALA, FL 34479

Current Mailing Address:

P.O. BOX 6583
OCALA, FL 34478

New Mailing Address:

FEI Number: 58-2676398

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREENE, JOHN A
8384 SW 106TH ST
OCALA, FL 34481 US

Name and Address of New Registered Agent:

CLARK, DAVID P
3330 NE 17TH AVE
OCALA, FL 34479 US

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: DAVID CLARK

01/28/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: HANSEN, JACKI
Address: 2295 E MARICA ST
City-St-Zip: INVERNESS, FL 34453

Title: PD () Delete
Name: GREENE, JOHN A
Address: 8384 SW 106TH ST
City-St-Zip: OCALA, FL 34481

Title: SD (X) Delete
Name: CLARK, DAVID
Address: 3330 NE 17TH AVE
City-St-Zip: OCALA, FL 34479

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: HANSEN, JACKI TD
Address: 2295 E MARICA ST
City-St-Zip: INVERNESS, FL 34453

Title: VP (X) Change () Addition
Name: GREENE, JOHN A
Address: 8384 SW 106TH ST
City-St-Zip: OCALA, FL 34481

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: JACKI HANSEN

TD

01/28/2009

Electronic Signature of Signing Officer or Director

Date