

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90028 018 ****70.00

DOCUMENT # N03000004655 1. Entity Name MARION COUNTY HOMELESS COUNCIL, INC.					
Principal Place of Business 1401 NE SECOND ST. OCALA, FL 34478			Mailing Address P.O. BOX 162 OCALA, FL 34478		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 56-2369991 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				01102007 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent FORD-HOLLINS, ESTELLA DR 416 CYPRESS ROAD OCALA, FL 34472			7. Name and Address of New Registered Agent Name David C. Fullarton Street Address (P.O. Box Number is Not Acceptable) 1401 NE Second Street City Ocala FL Zip Code 34478		
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 <u><i>David C. Fullarton</i></u> David C. Fullarton Exec. Dir. March 12, 2007 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C FORD-HOLLINS, ESTELLA DR 416 CYPRESS ROAD OCALA, FL 34472 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Chair <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Jodi Pena 1629 NW 4TH Street Ocala, FL 34475		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VC <input checked="" type="checkbox"/> Delete PENA, JODI PO BOX 2468 OCALA, FL 34478	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice Chair <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Brad Mimmo 926 NW 27TH Avenue PO Box 5578 Ocala, FL 34478		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T <input type="checkbox"/> Delete SCHUPP, NANCY PO BOX 3628 OCALA, FL 34478	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S <input checked="" type="checkbox"/> Delete LUMPKIN, PATTI P.O. BOX 1987 OCALA, FL 34478	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Steve Hoosteyer 53E 17TH Street Ocala, FL 34471		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>Jodi Pena</i></u> Jodi Pena		3/12/07		352-620-3666	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	