

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004655

FILED
Feb 12, 2009
Secretary of State

Entity Name: MARION COUNTY HOMELESS COUNCIL, INC.

Current Principal Place of Business:

1401 NE SECOND ST.
OCALA, FL 34470

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 162
OCALA, FL 34478

New Mailing Address:

FEI Number: 56-2369991

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FULLARTON, DAVID C
1901 NE SECOND STREET
OCALA, FL 34478 US

Name and Address of New Registered Agent:

FULLARTON, DAVID C
1401 NE SECOND STREET
OCALA, FL 34478 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 C. FULLARTON

02/12/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: PENA, JODI
Address: 1629 NW 4TH STREET
City-St-Zip: OCALA, FL 34475

Title: T () Delete
Name: SCHUPP, NANCY
Address: PO BOX 3628
City-St-Zip: OCALA, FL 34478

Title: VC () Delete
Name: NIMMO, BRAD
Address: 926 NW 27TH AVENUE PO BOX 5578
City-St-Zip: OCALA, FL 34478

Title: S () Delete
Name: HOESTEVEY, STEVE
Address: 53 E 17TH STREET
City-St-Zip: OCALA, FL 34471

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CHAI (X) Change () Addition
Name: NIMMO, BRADLEY
Address: 926 NW 27TH AVENUE P. O. BOX 5578
City-St-Zip: OCALA, FL 34478 US

Title: V CH (X) Change () Addition
Name: SCHUPP, NANCY
Address: 2901 NE 14TH STREET
City-St-Zip: OCALA, FL 34470

Title: SEC (X) Change () Addition
Name: PARSONS, ALLEN
Address: P. O. BOX 490
City-St-Zip: OCALA, FL 34478

Title: TREA (X) Change () Addition
Name: GANT, MICHAEL
Address: 80 JUNIPER TRAIL
City-St-Zip: OCALA, FL 34480

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: DAVID C. FULLARTON

EDIR

02/12/2009

Electronic Signature of Signing Officer or Director

Date