2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2010
Secretary of State

DOCUMENT# N03000004655

Entity Name: MARION COUNTY HOMELESS COUNCIL, INC.

Current Principal Place of Business:

1401 NE SECOND ST.
OCALA, FL 34470

New Principal Place of Business:

1740 E. SILVER SPRINGS BLVD.
REAR ENTRANCE
OCALA, FL 34470

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
1401 NE SECOND STREET
OCALA, FL 34478 US

Name and Address of New Registered Agent:

FULLARTON, DAVID C
1740 E. SILVER SPRINGS BLVD.
REAR ENTRANCE
OCALA, FL 34470 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: 01/06/2010
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

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

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

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

Title: TREA
Name: GANT, MICHAEL
Address: 80 JUNIPER TRAIL
City-St-Zip: OCALA, FL 34480

I hereby 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 all other like empowered.

SIGNATURE: DAVID C. FULLARTON ED 01/06/2010
Electronic Signature of Signing Officer or Director — Date