

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004655

FILED
Jan 27, 2012
Secretary of State

Entity Name: MARION COUNTY HOMELESS COUNCIL, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

525 NORTH EAST SANCHEZ AVENUE
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 ()

Name and Address of Current Registered Agent:

FULLARTON, DAVID C
1740 E. SILVER SPRINGS BLVD.
REAR ENTRANCE
OCALA, FL 34470 US

Name and Address of New Registered Agent:

FULLARTON, DAVID C
525 NORTH EAST SANCHEZ AVENUE
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: DAVID C. FULLARTON

01/27/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CHAI
Name: ELZIE, DALE
Address: 1604 SE 3RD AVENUE
City-St-Zip: GAINESVILLE, FL 32601 US

Title: V CH
Name: PASCUAL-MAINES, CARMEN M
Address: 2830 SE 41ST PLACE
City-St-Zip: Ocala, FL 34480

Title: SEC
Name: HACKMYER, SCOTT
Address: 1629 NW 4TH STREET, SUITE 102
City-St-Zip: Ocala, FL 34475

Title: TREA
Name: SCHUPP, NANCY
Address: 2901 NE 14TH STREET
City-St-Zip: Ocala, FL 34470

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

EXDI

01/27/2012

Electronic Signature of Signing Officer or Director

Date