

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Jul 18, 2012
Secretary of State**

DOCUMENT# N03000004655

Entity Name: MARION COUNTY HOMELESS COUNCIL, INC.**Current Principal Place of Business:**525 NORTH EAST SANCHEZ AVENUE
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 ()****Name and Address of Current Registered Agent:**FULLARTON, DAVID C
525 NORTH EAST SANCHEZ AVENUE
OCALA, FL 34470 US**Name and Address of New Registered Agent:**HORTON, DANIEL
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: DANIEL HORTON

07/18/2012

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: CIEPLINSKI, MARTHA
Address: 525 NORTH EAST SANCHEZ AVENUE
City-St-Zip: OCALA, FL 34470

Title: SEC
Name: DAWSON, GWENDOLYN B
Address: 1629 NW 4TH STREET
City-St-Zip: OCALA, FL 34475

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

Title: EX D
Name: HORTON, DANIEL
Address: 525 NORTH EAST SANCHEZ AVENUE
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: DANIEL HORTON

EX D

07/18/2012

Electronic Signature of Signing Officer or Director

Date