

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 09, 2006 08:00 AM
Secretary of State**

DOCUMENT # N03000006840

1. Entity Name
MARION COUNTY CHILDREN'S ALLIANCE, INC.



Principal Place of Business
**1108 NW MARTIN LUTHER KING JR AVE
OCALA, FL 34475-5079**

Mailing Address
**1108 NW MARTIN LUTHER KING JR AVE
OCALA, FL 34475-5079**



01052006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
06-1712493

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**JORDAN, MIKE M.D.
1108 NW MARTIN LUTHER KING JR AVE
OCALA, FL 34475-5079**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
DEAN, ED
MARION COUNTY SHERIFF'S P.O. BOX 1987
OCALA, FL 34478**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VCD
TAYLOR, MAYOR JOHN
20750 RIVER DR.
DUNNELLON, FL 34431**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
JAMES, TONI
P.O. BOX 1086
OCALA, FL 34478**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000380279
01/11/06-80007-019 70.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SERVING OFFICER OR DIRECTOR

Ed Dean 1-5-06

(352) 671-7237

Date

Daytime Phone #