

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006840

FILED
Feb 19, 2009
Secretary of State

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

Current Principal Place of Business:

3482 NW 10TH ST
OCALA, FL 34475

New Principal Place of Business:

Current Mailing Address:

3482 NW 10TH ST
OCALA, FL 34475

New Mailing Address:

FEI Number: 06-1712493

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JORDAN, MIKE M.D.
3482 NW 10TH ST
OCALA, FL 34475 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: DEAN, ED
Address: MARION COUNTY SHERIFF'S P.O. BOX 1987
City-St-Zip: OCALA, FL 34478

Title: VCD () Delete
Name: KELLY, KURT
Address: 1902 SW 27TH STREET
City-St-Zip: OCALA, FL 34474

Title: TD () Delete
Name: SHEALY, JEFF
Address: 1515 E SILVER SPRINGS BLVD STE 109
City-St-Zip: OCALA, FL 34470

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ED DEAN

C/D

02/19/2009

Electronic Signature of Signing Officer or Director

Date