2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 11, 2004
Secretary of State

DOCUMENT# N03000008884

Entity Name: THE LEUKEMIA AND LYMPHOMA FOUNDATION OF MARION COUNTY, INC.

Current Principal Place of Business:

1728 SE 7 STREET
OCALA, FL 34471

New Principal Place of Business:

Current Mailing Address:

1728 SE 7 STREET
OCALA, FL 34471

New Mailing Address:

FEI Number: 20-0276804 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DINKINS, DAVIS L
1728 SE 7 STREET
OCALA, FL 34471

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: D ( ) Delete
Name: DINKINS, DAVIS L
Address: 1728 SE 7 STREET
City-St-Zip: OCALA, FL 34471

Title: D ( ) Delete
Name: CRETUL, BRIAN
Address: 1728 SE 7 STREET
City-St-Zip: OCALA, FL 34471

Title: D ( ) Delete
Name: DINKINS, J CHAPLIN
Address: 1728 SE 7 STREET
City-St-Zip: OCALA, FL 34471

Title: D ( ) Delete
Name: DINKINS, KIMBERLEIGH
Address: 1728 SE 7 STREET
City-St-Zip: OCALA, FL 34471

Title: D ( ) Delete
Name: GIBBONEY, NATHAN R
Address: 1728 SE 7 STREET
City-St-Zip: OCALA, FL 34471

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:

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 for the exemption stated in Section 119.07(3)(i), 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: BRIAN M. CRETUL TRES 08/11/2004

Electronic Signature of Signing Officer or Director — Date