

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008070

FILED
Apr 23, 2007
Secretary of State

Entity Name: MARION LONG-TERM RECOVERY PROGRAM, INC.

Current Principal Place of Business:

1401 NE SECOND STREET
OCALA, FL 34470

New Principal Place of Business:

1629 NW 4TH STREET
SUITE 102
OCALA, FL 34475

Current Mailing Address:

1401 NE SECOND STREET
OCALA, FL 34470

New Mailing Address:

1629 NW 4TH STREET
SUITE 102
OCALA, FL 34475

FEI Number: 30-0330141

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NIMMO, BRAD
926 NW 27TH AVE
OCALA, FL 34478 US

Name and Address of New Registered Agent:

NIMMO, BRAD
7410 SW 100TH STREET
OCALA, FL 34476 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:

04/23/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NIMMO, BRAD
Address: 1401 NE 2ND ST.
City-St-Zip: Ocala, FL 34470

Title: V () Delete
Name: LINN, GARY
Address: 1401NE 2ND ST.
City-St-Zip: Ocala, FL 34470

Title: S () Delete
Name: FOY, PETER
Address: 1401 NE 2ND ST.
City-St-Zip: Ocala, FL 34470

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: NIMMO, BRAD
Address: 7410 SW 100TH STREET
City-St-Zip: Ocala, FL 34476

Title: V (X) Change () Addition
Name: LINN, GARY
Address: 1422 NE 15TH PLACE
City-St-Zip: Ocala, FL 34470

Title: S (X) Change () Addition
Name: FOY, PETER
Address: 1052 NE 31ST TERRACE
City-St-Zip: Ocala, FL 34470

Title: T () Change (X) Addition
Name: LEDWARD, JENNIFER
Address: 428 N.DONNELLY STREET, APT.#1
City-St-Zip: MOUNT DORA, FL 32757

I hereby certify that the information supplied with this filing does not qualify for the 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: BRAD NIMMO

P

04/23/2007

Electronic Signature of Signing Officer or Director

Date