

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000008070

FILED
Oct 24, 2008
Secretary of State

Entity Name: MARION DISASTER RECOVERY NETWORK INC.

Current Principal Place of Business:

1629 NW 4TH STREET
OCALA, FL 34475

New Principal Place of Business:

6362 WEST ANTHONY ROAD
OCALA, FL 34479

Current Mailing Address:

1629 NW 4TH STREET
OCALA, FL 34475

New Mailing Address:

P.O. BOX 6900
OCALA, FL 34478

FEI Number: 30-0330141 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S/T (X) Change () Addition
Name: FORD, ESTELLA
Address: P.O. BOX 6900
City-St-Zip: Ocala, FL 34478

Title: D (X) Change () Addition
Name: JONES, DAN
Address: P.O. BOX 6900
City-St-Zip: Ocala, FL 34478

Title: D () Change (X) Addition
Name: HODGKINS, ALICE
Address: P.O. BOX 6900
City-St-Zip: Ocala, FL 34478

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: BRAD NIMMO

P

10/24/2008

Electronic Signature of Signing Officer or Director

Date