2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2010
Secretary of State

DOCUMENT# N05000008070

Entity Name: MARION DISASTER RECOVERY NETWORK INC.

Current Principal Place of Business:

6362 WEST ANTHONY ROAD
OCALA, FL 34479

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 6900
OCALA, FL 34478

New Mailing Address:

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: _____
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P
Name: NIMMO, BRAD
Address: 7410 SW 100TH STREET
City-St-Zip: OCALA, FL 34476 US

Title: V
Name: LINN, GARY
Address: 1422 NE 15TH PLACE
City-St-Zip: OCALA, FL 34470 US

Title: T
Name: JONES, DAN
Address: 1839 NE 8TH ROAD
City-St-Zip: OCALA, FL 34470 US

Title: D
Name: HODGKINS, ALICE
Address: 320 NW 1ST AVENUE
City-St-Zip: OCALA, FL 34475 US

I hereby 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 all other like empowered.

SIGNATURE: BRAD NIMMO PRES 05/03/2010
Electronic Signature of Signing Officer or Director Date