

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004402

FILED
Apr 21, 2010
Secretary of State

Entity Name: OCALA/MARION COUNTY ECONOMIC DEVELOPMENT COUNCIL, INC.

Current Principal Place of Business:

3003 SW COLLEGE RD
SUITE 105
OCALA, FL 34474 US

New Principal Place of Business:

Current Mailing Address:

3003 SW COLLEGE RD
SUITE 105
OCALA, FL 34474 US

New Mailing Address:

FEI Number: 59-1095184

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TESCH, PETER J
3003 SW COLLEGE RD
SUITE 105
OCALA, FL 34474 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: D
Name: JUDKINS, KATHY
Address: 3003 SW COLLEGE RD, SUITE 105
City-St-Zip: OCALA, FL 34474 US

Title: D
Name: CONE, DOUG
Address: 3003 SW COLLEGE RD, SUITE 105
City-St-Zip: OCALA, FL 34474 US

Title: D
Name: O'CONNOR, BRIAN
Address: 3003 SW COLLEGE RD, SUITE 105
City-St-Zip: OCALA, FL 34474 US

Title: D
Name: PURVES, STEVE
Address: 3003 SW COLLEGE RD, SUITE 105
City-St-Zip: OCALA, FL 34474 US

Title: P
Name: TESCH, PETER J
Address: 3003 SW COLLEGE RD, SUITE 105
City-St-Zip: OCALA, FL 34474 US

Title: C
Name: BARNWELL, MARTHA
Address: 3003 SW COLLEGE RD, SUITE 105
City-St-Zip: OCALA, FL 34474 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: PETER J TESCH

P

04/21/2010

Electronic Signature of Signing Officer or Director

_____ Date