

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90116 040 \*\*\*\*61.25

DOCUMENT # N06000006612

1. Entity Name  
MARION COUNTY USBC BA, INC.



Principal Place of Business  
2300 NE 32 STREET  
OCALA, FL 34479

Mailing Address  
2300 NE 32 STREET  
OCALA, FL 34479



03232008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-4939196

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

ABRAMS, JERRY  
18593 SE 55 PLACE  
OCKLAWAHA, FL 32179

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed, or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	ABRAMS, JERRY
STREET ADDRESS	18598 SE 55 PL
CITY-ST-ZIP	OCKLAWAHA, FL 32179
TITLE	VP
NAME	WHITTEN, JOHN JR.
STREET ADDRESS	3810 SE 4 ST.
CITY-ST-ZIP	OCALA, FL 34471
TITLE	VP
NAME	JUDKINDS, ED JUDKINS, ED
STREET ADDRESS	PO BOX 682 Correct Spelling
CITY-ST-ZIP	OCALA, FL 34478
TITLE	VP
NAME	MUNCASTER, LES
STREET ADDRESS	6421 E. LAKE WOOD DR.
CITY-ST-ZIP	OCALA, FL 34472
TITLE	AM
NAME	MAYHEW, LARRY
STREET ADDRESS	2300 NE 32 ST.
CITY-ST-ZIP	OCALA, FL 34479
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

Jerry Abrams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 17, 2008 352/625-1133

Date

Daytime Phone #