

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006612

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: MARION COUNTY USBC BA, INC.

## Current Principal Place of Business:

2300 NE 32 STREET  
OCALA, FL 34479

## New Principal Place of Business:

## Current Mailing Address:

2300 NE 32 STREET  
OCALA, FL 34479

## New Mailing Address:

FEI Number: 20-4939196

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ABRAMS, JERRY  
18593 SE 55 PLACE  
OCCLAWAHA, FL 32179 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 ( ) Delete  
Name: ABRAMS, JERRY  
Address: 18598 SE 55 PL  
City-St-Zip: OCCLAWAHA, FL 32179

Title: VP ( ) Delete  
Name: WHITTEN, JOHN JR.  
Address: 3810 SE 4 ST.  
City-St-Zip: OCALA, FL 34471

Title: VP ( ) Delete  
Name: JUDKINS, ED  
Address: PO BOX 682  
City-St-Zip: OCALA, FL 34478

Title: VP ( ) Delete  
Name: MUNCASTER, LES  
Address: 6421 E. LAKE WOOD DR.  
City-St-Zip: OCALA, FL 34472

Title: AM ( ) Delete  
Name: MAYHEW, LARRY  
Address: 2300 NE 32 ST.  
City-St-Zip: OCALA, FL 34479

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: JERRY ABRAMS

P

04/15/2009

Electronic Signature of Signing Officer or Director

Date