2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 01, 2009
Secretary of State

DOCUMENT# N08000003848

Entity Name: MARION COUNTY SHERIFF'S OFFICE FOUNDATION, INC.

Current Principal Place of Business:

692 NW 30TH AVENUE
OCALA, FL 34475

New Principal Place of Business:

Current Mailing Address:

PO BOX 1987
OCALA, FL 34478

New Mailing Address:

FEI Number: 74-3261052 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
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:

DEAN, MICHAEL E ESQ
DEAN & DEAN, LLP
230 NE 25TH AVENUE, SUITE 100
OCALA, FL 34470 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 ( ) Delete
Name: SPIVACK, CHARLIE
Address: 9817 SE 125TH LANE
City-St-Zip: SUMMERFIELD, FL 34491

Title: D ( ) Delete
Name: DEAN, JOSEPH R
Address: 7510 SE 172 FIELDCREST ST
City-St-Zip: VILLAGES, FL 32162

Title: D ( ) Delete
Name: ESTES, JUDY
Address: PO BOX 68
City-St-Zip: ORANGE SPRINGS, FL 32182

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: MATZDORF, GILBERT
Address: 10140 SW 81ST TERR RD
City-St-Zip: OCALA, FL 34481

Title: D (X) Change ( ) Addition
Name: CROUSE, BETTE
Address: 7794 SW 117TH ST RD
City-St-Zip: OCALA, FL 34476

Title: D ( ) Change (X) Addition
Name: CONGDON, CYNTHIA
Address: 6482 SW 109TH PL
City-St-Zip: OCALA, FL 34476

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: CHARLIE SPIVACK PRES 07/01/2009

Electronic Signature of Signing Officer or Director — Date