

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005594

FILED  
Apr 11, 2009  
Secretary of State

Entity Name: MARION BONSAI SOCIETY, INC.

## Current Principal Place of Business:

5209 NW 19TH PLACE  
OCALA, FL 34482

## New Principal Place of Business:

4010 SE 20TH STREET  
OCALA, FL 34471

## Current Mailing Address:

PO BOX 4164  
OCALA, FL 344784164

## New Mailing Address:

FEI Number: 37-1428372

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PALADINI, ROBERT  
5209 NW 19TH PL  
OCALA, FL 34482 US

## Name and Address of New Registered Agent:

MORING, SUSAN G  
4010 SE 20TH STREET  
OCALA, FL 34471 US

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: SUSAN G. MORING

04/11/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: PALADINI, ROBERT  
Address: 5209 NW 19TH PL  
City-St-Zip: Ocala, FL 34482

Title: VP ( ) Delete  
Name: CHAPMAN, BARBARA  
Address: 8530 SW 1ST AVE  
City-St-Zip: GAINESVILLE, FL 32607

Title: T ( ) Delete  
Name: SWANSON, BRENDA  
Address: 12180 NE 238 TERR  
City-St-Zip: SALT SPRINGS, FL 32134

Title: CS ( ) Delete  
Name: SMYGELSKI, STEVE  
Address: 5905 NE 57 LOOP  
City-St-Zip: SILVER SPRINGS, FL 34488

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: BRANTLEY, TOM  
Address: 4296 NE 97TH ST. RD.  
City-St-Zip: ANTHONY, FL 32617 US

Title: VP (X) Change ( ) Addition  
Name: BURKE, MARION-ALICE  
Address: 8747C SW 93 PLACE  
City-St-Zip: Ocala, FL 34481 US

Title: T (X) Change ( ) Addition  
Name: MORING, SUSAN  
Address: 4010 SE 20TH STREET  
City-St-Zip: Ocala, FL 34471 US

Title: CS (X) Change ( ) Addition  
Name: UNDERCOFFER, CHARLOTTE  
Address: 86 HICKORY LOOP  
City-St-Zip: Ocala, FL 34472 US

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: SUSAN G. MORING

TREA

04/11/2009

Electronic Signature of Signing Officer or Director

Date