

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000001733

**FILED**  
**Apr 07, 2010**  
**Secretary of State**

**Entity Name:** MARION COUNTY MUSTANGS INC.

**Current Principal Place of Business:**

1809 NW 24TH AVE  
OCALA, FL 34475 US

**New Principal Place of Business:**

720 NE 44TH STREET  
OCALA, FL 34479 US

**Current Mailing Address:**

1809 NW 24TH AVE  
OCALA, FL 34475 US

**New Mailing Address:**

720 NE 44TH STREET  
OCALA, FL 34479 US

**FEI Number:** 26-4025125

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

VEREEN, KIMBERLY  
1809 NW 24TH AVE  
OCALA, FL 34475 US

**Name and Address of New Registered Agent:**

VEREEN, KIMBERLY  
720 NE 44TH STREET  
OCALA, FL 34479 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:**

04/07/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PRES  
**Name:** VEREEN, KIMBERLY  
**Address:** 720 NE 44TH STREET  
**City-St-Zip:** Ocala, FL 34479 US

**Title:** VP  
**Name:** HARDY, JOAN P  
**Address:** 1519 NE 30TH ST.  
**City-St-Zip:** Ocala, FL 34479 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:** KIMBERLY VEREEN

PRES

04/07/2010

Electronic Signature of Signing Officer or Director

Date