2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 24, 2011
Secretary of State

DOCUMENT# N10000005840

Entity Name: MARION COUNTY NURSES ASSOCIATION, INC.

Current Principal Place of Business:

2825 S.E. 45TH STREET
OCALA, FL 34480

New Principal Place of Business:

Current Mailing Address:

2825 S.E. 45TH STREET
OCALA, FL 34480

New Mailing Address:

FEI Number: 80-0614758 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GREEN, EDWIN A III
4 S.E. BROADWAY
OCALA, FL 34471 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
Name: CLARK, MARY J.S.
Address: 2825 S.E. 45TH STREET
City-St-Zip: OCALA, FL 34480

Title: D
Name: BREWER, ALISON
Address: 42 BAHIA TRACE CIRCLE
City-St-Zip: OCALA, FL 34472

Title: D
Name: BLAKEMAN, CAROL A
Address: 2224 N.E. 39TH AVENUE
City-St-Zip: OCALA, FL 34470

Title: NA
Name: NA, NA
Address: 2825 SE 45TH STREET
City-St-Zip: OCALA, FL 34480

Title: NA
Name: NA, NA
Address: 2825 SE 45TH STREET
City-St-Zip: OCALA, FL 34480

Title: NA
Name: NA, NA
Address: 2825 SE 45TH STREET
City-St-Zip: OCALA, FL 34480

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: MARY J.S. CLARK D 07/24/2011

Electronic Signature of Signing Officer or Director Date