

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90036 005 \*\*\*\*70.00

<b>DOCUMENT # N13575</b>					
<b>1. Entity Name</b> ESTATE PLANNING COUNCIL OF MARION COUNTY, INC.					
<b>Principal Place of Business</b> SMITH BARNEY 3304 SW 34 CIR. OCALA, FL 34474 US			<b>Mailing Address</b> SMITH BARNEY 3304 SW 34 CIR. OCALA, FL 34474 US		
<b>2. Principal Place of Business</b> Amsouth BANK Suite, Apt. #, etc. 1700 SE 17 Street City & State Ocala FL Zip 34471 Country US		<b>3. Mailing Address</b> c/o JOHN REGER Suite, Apt. #, etc. 1700 SE 17 Street City & State Ocala FL Zip 34471 Country US		<b>24009396</b> 	
02062004 Chg-NP CR2E037 (10/03)				<b>4. FEI Number</b> 59-2662856	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> LIGHTOD, SUSAN SMITH BARNEY 3304 SW 34 CIR. OCALA, FL 34474			<b>7. Name and Address of New Registered Agent</b> Name: JOHN REGER Street Address (P.O. Box Number is Not Acceptable): Amsouth BANK 1700 SE 17 Street City: Ocala FL Zip Code: 34471		
<b>8. 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. I am familiar with, and accept the obligations of registered agent.</b> SIGNATURE: <u>John Reger</u> <b>JOHN REGER, TREASURER</b> <span style="float: right;">02/06/2004</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HICKS, HUBERT G PO BOX 6032 OCALA, FL 34478	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER TD JOHN REGER 1700 SE 17 Street Ocala FL 34471	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LIGHTBODY, SUSAN 3304 SW 34 CIRCLE STE 103 OCALA, FL 34474	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT PD Kevin McDonald 2118 SW 20 Place 101 Ocala FL 34474	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CARPENTER, LORRI 40 SE 11 AV OCALA, FL 34471	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President TD DAVID MIDGETT 1521 SE 36 AVE Ocala FL 34471	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LIGHTOD, SUSAN 9080 SW 19 AVE OCALA, FL 34476	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary SD Susan Sullivan 1531 SE 36 AVE Ocala FL 34471	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b> <u>John Reger</u> <b>JOHN REGER, Treasurer</b> <span style="float: right;">2/6/2004</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <span style="float: right;">352-854-4126</span> Daytime Phone #:		