

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N13575

FILED
Nov 11, 2008
Secretary of State

Entity Name: ESTATE PLANNING COUNCIL OF MARION COUNTY, INC.

Current Principal Place of Business:

7763 SW HIGHWAY 200
OCALA, FL 34471 US

New Principal Place of Business:

9080 SW 19 AV RD
OCALA, FL 34476 US

Current Mailing Address:

7763 SW HIGHWAY 200
OCALA, FL 34471 US

New Mailing Address:

9080 SW 19 AV RD
OCALA, FL 34476 US

FEI Number: 59-2662856 **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:

STERMER, ROBERT A
7763 SW HIGHWAY 200
OCALA, FL 34476 US

Name and Address of New Registered Agent:

LIGHTBODY, SUSAN K
9080 SW 19 AV RD
OCALA, FL 34476 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 K. LIGHTBODY

11/11/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: STERMER, ROBERT A
Address: 7763 SW HIGHWAY 200
City-St-Zip: Ocala, FL 34476

Title: VP () Delete
Name: LEVIEN, SYNDIE
Address: 1600 SE 17TH ST.
City-St-Zip: Ocala, FL 34471

Title: T (X) Delete
Name: COKE, JOAN
Address: 2437 SE 17TH ST., # 201
City-St-Zip: Ocala, FL 34471

Title: S (X) Delete
Name: LIGHTBODY, SUSAN
Address: 2701 SW 34TH ST. BLDG. 100
City-St-Zip: Ocala, FL 34474

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LIGHTBODY, SUSAN K
Address: 9080 SW 19 AV RD
City-St-Zip: Ocala, FL 34476

Title: VP (X) Change () Addition
Name: LOMBARDO, LISA
Address: 9080 SW 19 AV RD
City-St-Zip: Ocala, FL 34476

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

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

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 K. LIGHTBODY

P

11/11/2008

Electronic Signature of Signing Officer or Director

Date