2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 10, 2006 8:00 am Secretary of State

DOCUMENT # N15196 1. Entity Name THE MARION COUNTY HISTORICAL ASSOCIATION, INC.					1		0011 007 ****6	
Principal Plac 2230 S.E. 81 OCALA, FL 3	TH STREET	Mailing Address P.O. BOX 5002 OCALA, FL 34478						
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01102006	Chg-NP	CR2E037 (11/05	i)
City & State		City & State			4. FEI Number 59-27009	978		Applied For Not Applicable
Zip	Country	Zip	Country		5. Certificate of	Status Desired	□ \$8.75 / Fee Requ	
	6. Name and Address of Current	t Registered Agent	·		7. Name and Ad	ddress of New R	legistered Agent	
		-	Narr	ie 1/-	2/10	Daniel		
COOK, DA	AVID 27TH AVENUE		Street Address		ERLIN, KANDY (P.O. Box Number is Not Acceptable)			
OCALA, F			<u> چ</u>	319	SE 4	4 37	<u></u>	
<u> </u>			City	<u></u>	1.		El Zip C	ode
9 The above	anned entity submits this statement f	or the oursess of changing it		<u> () C.</u>	ALA	in the Ctate of Ele	FL 34	47/
	named entity submits this statement for tions of registered agent.	or the purpose or changing it	s registered dilic	e or register	ed agent, or both,	in the State of Fic	onda. Tam tamiliar w	in, and accept
SIGNATURE RANDY KERLÍN 2 FEB. 2006								
SIGNATURE .	Signature, typed or printed name of registered agen	t and title if applicable. (NO	TE: Registered Agent s	ionature required	I when reinstating)		DATE	
1					•			
	Filing Fee is \$61.25 Due by May 1, 2006	Trust Fund	mpaign Financir Contribution.	rg 🔲	\$5.00 May Be Added to Fees	Flor	lake check payabli ida Department of	State
10.	Due by May 1, 2006 OFFICERS AND DI	Trust Fund		ng []	Added to Fees ADDITIONS/CHAN	Flor	lake check payablida Department of	State IN 10
TITLE	OFFICERS AND DI	Trust Fund	Contribution. 11. TITLE	Sp.	Added to Fees ADDITIONS/CHAN	Flor IGES TO OFFICE	lake check payabli ida Department of	State IN 10
TITLE NAME	OFFICERS AND DI PD COOK, DAVID	Trust Fund	TITLE NAME	Kel	Added to Fees ADDITIONS/CHAN CLIP: RAI	Flor IGES TO OFFICE	lake check payablida Department of	State IN 10
TITLE NAME STREET ADDRESS	Due by May 1, 2006 OFFICERS AND DO PD COOK, DAVID 7110 S.W. 27TH AVENUE	Trust Fund	Contribution. 11. TITLE NAME STREET ADDRE	PD KEN	Added to Fees ADDITIONS/CHAN CLIP, RAI 9 SE 4	Flor	lake check payablida Department of	State IN 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DI PD COOK, DAVID	Trust Fund IRECTORS Delete	11. TITLE NAME STREET ADORS CITY-ST-ZIP	PD KEN	Added to Fees ADDITIONS/CHAN BLIM, RAI G SE 4 ALA, FL	Flor	lake check payablida Department of	State IN 10 e Addition
TITLE NAME STREET ADDRESS	Due by May 1, 2006 OFFICERS AND DI PD COOK, DAVID 7110 S.W. 27TH AVENUE OCALA, FL 34476	Trust Fund	Contribution. 11. TITLE NAME STREET ADDRE	PD KEN 331	Added to Fees ADDITIONS/CHAN RLIM, RAI RE 4 ALA, FL	Flor	lake check payablida Department of	State IN 10 e Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Due by May 1, 2006 OFFICERS AND DI PD COOK, DAVID 7110 S.W. 27TH AVENUE OCALA, FL 34476 VD KAROW, MARGIE P.O. BOX 114	Trust Fund IRECTORS Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP TITLE NAME STREET ADDRE STREET ADDRE	PD KEN 331 OC VI	Added to Fees ADDITIONS/CHAN PLIM, RAI ALA, FL POK, DA 1/03623	Flor IGES TO OFFICE DDY 3447 3447 DID 27 hve	lake check payablida Department of	State IN 10 e Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD OFFICERS AND DI COOK, DAVID 7110 S.W. 27TH AVENUE OCALA, FL 34476 VD KAROW, MARGIE P.O. BOX 114 MC INTOSH, FL 32664	Trust Fund IRECTORS Delete Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP TITLE NAME	PD KEN 331 OC CS 7	Added to Fees ADDITIONS/CHAN PLIN, RAI ALA, FL DOK, DA 1/0 SW 2 CALA, F	Flor IGES TO OFFICE DY 3447 3447	lake check payablida Department of	State IN 10 pe
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TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME	Due by May 1, 2006 OFFICERS AND DI PD COOK, DAVID 7110 S.W. 27TH AVENUE OCALA, FL 34476 VD KAROW, MARGIE P.O. BOX 114 MC INTOSH, FL 32664 SD RICHARD; HELEN	Trust Fund IRECTORS Delete Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP TITLE NAME STREET ADDRE CITY-ST-ZIP TITLE NAME STREET ADDRE CITY-ST-ZIP	PD KEN 331 OC VI	Added to Fees ADDITIONS/CHAN RAI RAI ALA, FL POK, DA 1/0 SW 2 ALA, F	Flor IGES TO OFFICE ST 3447 ST 447 ST 449 C 344	lake check payablida Department of	State IN 10 pe
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or this 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2 FEB 2006

(352) 694-334

Disytime Phone #