2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005
Secretary of State

DOCUMENT# N24984

Entity Name: MARION COUNTY EMPLOYEE EMERGENCY FUND, INC.

Current Principal Place of Business:

521 SE 26TH COURT
OCALA, FL 34471

New Principal Place of Business:

Current Mailing Address:

521 SE 26TH COURT
OCALA, FL 34471

New Mailing Address:

FEI Number: 56-6000735 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FOWLER, ROBERT J
601 S.E. 25TH AVENUE
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:	DT	( ) Delete
Name:	WILEY, ALVIN	
Address:	5570 S.E. 42ND AVENUE	
City-St-Zip:	OCALA, FL	
Title:	D	(X) Delete
Name:	HAMM, JUDY	
Address:	1717 SE 190TH AVE	
City-St-Zip:	SILVER SPRINGS, FL 34488	
Title:	D	( ) Delete
Name:	HODGE, DIANE	
Address:	285 S E 50TH AVENUE	
City-St-Zip:	OCALA, FL 34471	
Title:	D	( ) Delete
Name:	HAWKINS, DON,	
Address:	14981 NE 85TH PLACE	
City-St-Zip:	SILVER SPRINGS, FL	
Title:	D	( ) Delete
Name:	SWANGER, JAMES,	
Address:	721 NW 120TH AVENUE	
City-St-Zip:	OCALA, FL	
Title:	DP	( ) Delete
Name:	TEDDER, MYRA,	
Address:	10880 SE CR 42	
City-St-Zip:	SUMMERFEILD, FL	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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 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: MYRA TEDDER PRES 04/20/2005

Electronic Signature of Signing Officer or Director — Date