

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24984

FILED  
Mar 13, 2006  
Secretary of State

**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 ( ) 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: D (X) Change ( ) Addition  
Name: MITCHELL, YVONNE,  
Address: 25 SPRING LOOP CIRCLE  
City-St-Zip: Ocala, FL 34472 US

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 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: MYRA L. TEDDER

P

03/13/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date