

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24984

FILED
Apr 18, 2009
Secretary of State

Entity Name: MARION COUNTY EMPLOYEE EMERGENCY FUND, INC.

Current Principal Place of Business:

2710 E. SILVER SPRINGS BLVD.
OCALA, FL 34470

New Principal Place of Business:

Current Mailing Address:

2710 E. SILVER SPRINGS BLVD.
OCALA, FL 34470

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: MITCHELL, YVONNE
Address: 25 SPRING LOOP CIRCLE
City-St-Zip: OCALA, FL 34472 US

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:

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: MYRA L. TEDDER

PRES

04/18/2009

Electronic Signature of Signing Officer or Director

Date