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May 01 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N26512 (6)  
1. Corporation Name  
MARION COUNTY MARINE RESCUE INC. Ocala, FLA



Principal Place of Business Mailing Address  
9732 SE US HWY 441 9732 SE US HWY 441  
9732 S.E. HIGHWAY 441 9732 S.E. HIGHWAY 441  
BELLEVUE FL 34420 BELLEVUE FL 34420-6220  
US US

3. Date Incorporated or Qualified 05/19/1988 3a. Date of Last Report 05/01/1996  
4. FEI Number 59-2967677 Applied For Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip 29 Country 30 Country

9. Name and Address of Current Registered Agent

ROBINSON, LAVONNE  
9732 S.E. U.S. HWY 441  
BELLEVUE FL 34420

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	HILL, CLAUDE W			1.2 NAME			
STREET ADDRESS	1404 NW 21CT			1.3 STREET ADDRESS			
CITY - ST - ZIP	CITRA FL			1.4 CITY - ST - ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BRANNON, JAMES W.			2.2 NAME			
STREET ADDRESS	10489 SW 101 AVE ROAD			2.3 STREET ADDRESS			
CITY - ST - ZIP	BELLEVUE FL			2.4 CITY - ST - ZIP			
TITLE	STD	<input type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MCGUCKIN, NANCY			3.2 NAME			
STREET ADDRESS	4455 NE 139TH LN			3.3 STREET ADDRESS			
CITY - ST - ZIP	ANTHONY FL			3.4 CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	WAGNER, ROBERT C.			4.2 NAME			
STREET ADDRESS	6994A GANTON RD.			4.3 STREET ADDRESS			
CITY - ST - ZIP	OCALA FL			4.4 CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ROBINSON, LAVONNE R			5.2 NAME			
STREET ADDRESS	9732 SE US HWY 441			5.3 STREET ADDRESS			
CITY - ST - ZIP	BELLEVUE FL			5.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY - ST - ZIP				6.4 CITY - ST - ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 4-25-97 352-245-5170  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0084888

CR2E037 (9/96)