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**NONPROFIT** CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # 1. Corporation Name

(6)

MARION COUNTY MARINE RESCUE INC. OCALA, FLA

## **FILED** Apr 10 1998 8:00am Secretary of State

e Incorporated or Qualified	

Principal Place	of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·		Eit Bigii Bibil bioli gibii (gol
9732 SE US HW 9732 S.E. HIGHW BELLEVIEW FL S	NAY 441	9732 SE US HWY 441 9732 S.E. HIGHWAY 441 BELLEVIEW FL 34420		3. Date Incorporated or Qualified  05/19/1988	Application for
US		US		4. FEI Number 59-2967677	Applied For Not Applicable
2. Principal Pla	D SE 107 Th Ave	28. Mailing Address 28. 14900 SE	107 B Aue		\$8.75 Additional Fee Required
Suite, Apt. #		Suite, Apt. #, etc.		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
City & State	nmerfield.FL	City & State	field, FL	7. Is this nonprofit corporation a homeowne	rs association?
Zip 24 3449	Country	Zip	Country 30 Marion	This corporation owes or has paid the cu     Personal Property Tax due June 30.	Yes No
	g. Name and Address of Current	Registered Agent		10. Name and Address of New Registered	Agent
<del>9732 S.E</del>	ON, LAVONNE	ess change o	81 Name 82 Street A	ddress (P.O. Box Number is Not Acceptable)	
BELLEVIE	EW PL 34420"		84 City	ummerfield FL	85 Zip Code 3 4 4 9 1
11. Pursuant to office or re	o the provisions of Sections 617.0502 gistered agent, or both, in the State	and 617.1508, Florida Statute of Florida, Such change was at		orporation submits this statement for the purpose or oration's board of directors. I hereby accept the ap-	
	n familiar with, and accept the obliga	mons of, accitoff of 7,0303, filos			
SIGNATURE	n familiar with, and accept the obligation of the state o		Registered Agent signature re	poulred when reinstating) DATE	
SIGNATURE		nt and title if applicable. (NOTE			
SIGNATURE _	Signature, typed or printed name of registered ager	at and title if applicable. (NOTE	Registered Agent signature re	poulred when reinstating) DATE	D DIRECTORS IN 12
SIGNATURE	Signature, typed or printed name of registered ager OFFICERS AND	nt and title if applicable. (NOTE	Registered Agent signature re	poulred when reinstating) DATE	
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AND PD HILL, CLAUDE W 1404 NW 21CT	nt and title if applicable. (NOTE	Registered Agent signature in 13.  1.1 TITLE	poulred when reinstating) DATE	
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AND PD HILL, CLAUDE W	nt and title if applicable. (NOTE) DIRECTORS DELETE	Registered Agent eignature of 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	equired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	Change Additio
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indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am a 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 of an an attachment with an address.

(352) 1022-2271