


FILE NOW: FILING FEE IS \$61.25

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Apr 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		 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 S.E. HIGHWAY 441 BELLEVUE FL 34420 US		9732 SE US HWY 441 9732 S.E. HIGHWAY 441 BELLEVUE FL 34420 US	
2. Principal Place of Business		2a. Mailing Address	
21 14900 SE 107th Ave Suite, Apt. #, etc. 22		26 14900 SE 107th Ave Suite, Apt. #, etc. 27	
City & State		City & State	
23 Summerfield, FL Zip 34491 25 Marion		28 Summerfield, FL Zip 34491 30 Marion	

3. Date Incorporated or Qualified	
05/19/1988	
4. FEI Number	Applied For
59-2967677	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

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)	14900 SE 107th Ave
83	
84 City	Summerfield FL
85 Zip Code	34491

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	NAME
PD	HILL, CLAUDE W
STREET ADDRESS	1404 NW 21CT
CITY-ST-ZIP	CITRA FL
TITLE	NAME
V	MCGUCKIN, NANCY
STREET ADDRESS	4455 N.E. 139TH LANE
CITY-ST-ZIP	ANTHONY FL
TITLE	NAME
D	MCGUCKIN, PAUL
STREET ADDRESS	4455 N.E. 139TH LANE
CITY-ST-ZIP	ANTHONY FL
TITLE	NAME
D	BRANNON, JAMES W
STREET ADDRESS	10489 S.W. 101 AVE. RD.
CITY-ST-ZIP	BELLEVUE FL
TITLE	NAME
D	ROBINSON, LAVONNE R
STREET ADDRESS	9732 SE US HWY 441
CITY-ST-ZIP	BELLEVUE FL
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	VO Hill, William M
2.3 STREET ADDRESS	6309 SE Babb Rd
2.4 CITY-ST-ZIP	Bellevue, FL
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	TD McGuckin, Nancy
4.3 STREET ADDRESS	4455 NE 139th Lane
4.4 CITY-ST-ZIP	Anthony, FL
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D Robinson, Lavonne R.
5.3 STREET ADDRESS	14900 SE 107th Ave
5.4 CITY-ST-ZIP	Summerfield, FL
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 in an attachment with an address.

SIGNATURE: *Lavonne Robinson* 4/3/98 (352) 622-2271

CR2E037 (10/97)