FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT # N26512**

1. Corporation Name

MARION COUNTY MARINE RESCUE INC. OCALA, FLA

Principal Place of Business

Mailing Address

Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90159 018 ****61.25

14900 SE 1077 SUMMERFIELD US		14900 se 107th ave Summerfield FL 34491 US					
-	ace of Business	2a. Mailing Address			3. Date Incorporated or Qualifed 05/19/1988		
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.			4. FEI Number 59-2967677	Applied For Not Applicable	
City & State) · · · · · · · · · · · · · · · · · · ·	City & State			5. Certificate of Status Desired	8.75 Additional Fee Required	
Zip 24	Country 25	Zip 30	Country	•	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
	9. Name and Address of Current	Registered Agent	<u> </u>		10. Name and Address of New Registered Age	nt	
			81	Name		ļ	
ROBINSON, LAVONNE				82 Street Address (P.O. Box Number is Not Acceptable)			
14900 SE 107TH AVE			83	 			
SUMMERI	FIELD FL 34491		84	City	F. 18	5 Zip Code	
				1	FL_]`		
agent. I ai	to the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	and 617.1508, Florida Statutes, f Florida. Such change was autr ons of, Section 617.0503, Florid	the abov norized by a Statutes	e-named of the corpo i.	corporation submits this statement for the purpose of cha rration's board of directors. I hereby accept the appointment	nging its registered	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered Age	nt signature re	equired when reinstating) DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND D		
TITLE	PD	DELETE	1.1 TITLE	[PO	Change	
NAME	HILL, CLAUDE W	, .	1.2 NAME]	Fisher Robert		
STREET ADDRESS	1404 NW 21CT		1.3 STREE	TADDRESS	Fisher Robert bal News Lean Lane		
CITY-ST-ZIP	CITRA FL		1.4 CITY-5	T-ZIP	hady Lake, FI 32159	t	
TITLE	VD	X DELETE	2.1 TITLE		VO	Change	
	HILL, WILLAM M.		2.2 NAME		Casey, Michael J. 6485 SW 111 The Place	Ï	
NAME	6308 SE BABB RD			T ADDRESS	1486 SW III The Place.		
STREET ADDRESS	BELLEVIEW FL		2.4 CITY-		Ocala FL 34476		
CITY-ST-ZIP	D DELLEVIEW PL	☐ DELETE	3.1 TITLE	31-ZIP	C2016, F2 51110	Change	
TITLE				ļ			
NAME	MCGUCKIN, PAUL		3.2 NAME	T 4000000			
STREET ADDRESS	4455 N.E. 139TH LANE		1	TADDRESS			
CITY-ST-ZIP	ANTHONY FL	C Science	3.4. CITY-	ST-ZIP		Change Addition	
TITLE	TD	☐ DELETE	4.1 TITLE		<u> </u>	Journal Charleton	
NAME	MCGUCKIN, NANCY		4. 2 NAME		· .	,	
STREET ADDRESS	4455 NE 139TH LANE		4.3 STREE	TADDRESS			
CITY-ST-ZIP	ANTHONY FL		4.4 CITY-5	T-ZIP		10hana	
TITLE	D	☐ DELETE	5.1 TITLE		<u>L</u>	Change	
NAME	ROBINSON, LAVONNE R		5.2 NAME				
STREET ADDRESS	14900 SE 107TH AVE			T ADDRESS			
CITY-ST-ZIP	SUMMERFIELD FL		5.4 CITY-5	ST-ZIP		7.00	
TITLE		☐ DELETE	6.1 TITLE	1		Change 🗀 Addition	
NAME			6.2 NAME		•		
STREET ADDRESS	ar was not be		6.3 STREE	TADDRESS			
COTY CT. 7/D	大作 冠 医性病		6.4 CITY-1	3T-ZIP		,	

14. Thereby 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 of an an attachment with an appears with all other like empowered.