


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2004 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # N26512 1. Entity Name MARION COUNTY MARINE RESCUE INC. OCALA, FLA |  |
|---|---|

Principal Place of Business
2520 NW 6 ST.
OCALA, FL 34475 US

Mailing Address
2520 NW 6 ST.
OCALA, FL 34475 US

DO NOT WRITE IN THIS SPACE



01062004 No Chg-NP CR2E037 (10/03)

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 59-2967677 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

5. Name and Address of Current Registered Agent

MCGUCKIN, PAUL
25217 NW 6 ST.
OCALA, FL 34475

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | PD KONOLD, RUSSELL PO BOX 102 INGLIS, FL 34449 |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | VD ROBINSON, LAVONNE 14900 SE 107 AV SUMMERFIELD, FL 34491 |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | SD SPAIN, DOLORES 9057 SW 91 CR OCALA, FL 33481 |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | TD MCGUCKIN, PAUL 2520 NW 6 ST. OCALA, FL 34475 |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | D GEARHART, TED 18621 SE 18 ST SILVER SPRINGS, FL 34488 |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | D SPAIN, JAMES 9057 SW 91 CR OCALA, FL 33481 |

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01/09/04-80031-019 61.25

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IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with or without other like employment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul McGuckin 1/6/04 352-122-4467

Date

Daytime Phone #