2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2005 08:00 AM
Secretary of State

DOCUMENT # N26512

1. Entity Name
MARION COUNTY MARINE RESCUE INC. OCALA, FLA

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

01212005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

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

6. Name and Address of Current Registered Agent

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

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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 _____ DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

U00000240090
02/23/05-80016-021 61.25

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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 all other like empowered.

SIGNATURE _____ 1/21/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date