

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 2520 NW 6 ST. OCALA, FL 34475 US	Mailing Address 2520 NW 6 ST. OCALA, FL 34475 US
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DO NOT WRITE IN THIS SPACE



01212005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2967677	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. 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 _____	DATE _____
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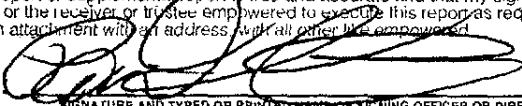
Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	PD KONOLD, RUSSELL PO BOX 102 INGLIS, FL 34449
TITLE NAME STREET ADDRESS CITY ST ZIP	VD ROBINSON, LAVONNE 14900 SE 107 AV SUMMERFIELD, FL 34491
TITLE NAME STREET ADDRESS CITY ST ZIP	SD SPAIN, DOLORES 9057 SW 91 CR OCALA, FL 33481
TITLE NAME STREET ADDRESS CITY ST ZIP	TD MCGUCKIN, PAUL 2520 NW 6 ST. OCALA, FL 34475
TITLE NAME STREET ADDRESS CITY ST ZIP	D GEARHART, TED 18621 SE 18 ST SILVER SPRINGS, FL 34488
TITLE NAME STREET ADDRESS CITY ST ZIP	D SPAIN, JAMES 9057 SW 91 CR OCALA, FL 33481

U00000240090
02/23/05-80016-021 61.25

**DO NOT WRITE
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)(f), 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 	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____	DATE 1/21/05
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