

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 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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03242006 No Chg-NP CR2E037 (11/05)

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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**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 fee if applicable. (NOTE: Registered Agent signature required when renouncing) DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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

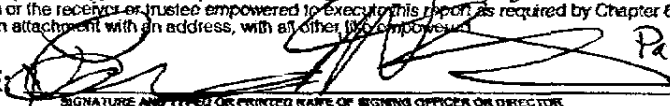
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04/11/06-80123-018 61.25

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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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 any other person empowered.

SIGNATURE:  Paul McGuckin 3/24/06 352-622-4467
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #