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

DO NOT WRITE IN THIS SPACE

03242006 No Chg-NP CRZE037 (11/05)

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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

000000483484
04/11/06-80123-018 61.25

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

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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 all other like empowered.

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