

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2007 8:00 am
Secretary of State

03-28-2007 90002 028 ****61.25

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**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03222007 Chg-NP CR2E037 (12/06)

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

7. Name and Address of New Registered Agent

**MCGUCKIN, PAUL
2520 NW 6 ST.
OCALA, FL 34475**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

3/22/07

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME KONOLD, RUSSELL
STREET ADDRESS PO BOX 102
CITY-STATE-ZIP INGLIS, FL 34449 ☐ Delete

TITLE VD
NAME ROBINSON, LAVONNE
STREET ADDRESS 14900 SE 107 AV
CITY-STATE-ZIP SUMMERFIELD, FL 34491 ☐ Delete

TITLE SD
NAME SPAIN, DOLORES
STREET ADDRESS 9057 SW 91 CR
CITY-STATE-ZIP OCALA, FL 33481 ☐ Delete

TITLE TD
NAME MCGUCKIN, PAUL
STREET ADDRESS 2520 NW 6 ST.
CITY-STATE-ZIP OCALA, FL 34475 ☐ Delete

TITLE D
NAME GEARHART, TED
STREET ADDRESS 18621 SE 18 ST
CITY-STATE-ZIP SILVER SPRINGS, FL 34488 ☐ Delete

TITLE D
NAME SPAIN, JAMES
STREET ADDRESS 9057 SW 91 CR
CITY-STATE-ZIP OCALA, FL 33481 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul McGuckin

Date

Daytime Phone #

3/22/07 (352) 622-4462