

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26512

FILED
Mar 23, 2009
Secretary of State

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

Current Principal Place of Business:

2520 NW 6 ST.
OCALA, FL 34475 US

New Principal Place of Business:

Current Mailing Address:

2520 NW 6 ST.
OCALA, FL 34475 US

New Mailing Address:

FEI Number: 59-2967677

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ROBINSON, LAVONNE
Address: 14900 SE 107 AV
City-St-Zip: SUMMERFIELD, FL 34491

Title: SD () Delete
Name: SPAIN, DOLORES
Address: 9057 SW 91 CR
City-St-Zip: OCALA, FL 33481

Title: TD () Delete
Name: MCGUCKIN, PAUL
Address: 2520 NW 6 ST.
City-St-Zip: OCALA, FL 34475

Title: VD () Delete
Name: MCGUCKIN, NANCY
Address: 2520 NW 6 ST
City-St-Zip: OCALA, FL 34475

Title: D () Delete
Name: SPAIN, JAMES
Address: 9057 SW 91 CR
City-St-Zip: OCALA, FL 33481

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL MCGUCKIN

TD

03/23/2009

Electronic Signature of Signing Officer or Director

Date