

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26512

FILED
Apr 28, 2010
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:

14900 SE 107TH AVENUE
BELLEVIEW, FL 34491 US

Current Mailing Address:

2520 NW 6 ST.
OCALA, FL 34475 US

New Mailing Address:

14900 SE 107TH AVENUE
BELLEVIEW, FL 34491 US

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:

ROBINSON, LAVONNE R
14900 SE 107TH AVENUE
BELLEVIEW, FL 34491 US

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: LAVONNE R. ROBINSON

04/28/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: LAVONNE ROBINSON

PD

04/28/2010

Electronic Signature of Signing Officer or Director

Date