

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28116

FILED
Mar 16, 2009
Secretary of State

Entity Name: PUBLIC EDUCATION FOUNDATION OF MARION COUNTY, INC.

Current Principal Place of Business:

2303 S.E. 17TH STREET
#203
OCALA, FL 34471

New Principal Place of Business:

1239 NW 4TH STREET
ROOM #001
OCALA, FL 34475

Current Mailing Address:

P.O. BOX 670
OCALA, FL 34478

New Mailing Address:

FEI Number: 59-2949915 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MAINES, CARMEN
2303 SE 17TH STREET
SUITE #203
OCALA, FL 34471 US

Name and Address of New Registered Agent:

SAVAGE, CAROLE
1239 NW 4TH STREET
ROOM #001
OCALA, FL 34475 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: CAROLE SAVAGE, APR, CPRC

03/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: CAMPBELL, LOLA
Address: 10051 NE 30TH COURT
City-St-Zip: ANTHONY, FL 32617

Title: PPD () Delete
Name: ROBERTSON, MIKE
Address: 1379 SE 65TH COURT
City-St-Zip: OCALA, FL 34471

Title: ED () Delete
Name: MAINES, CARMEN
Address: 2303 SE 17TH STREET #203
City-St-Zip: OCALA, FL 34471

Title: PD () Delete
Name: BLINKHORN, DEAN
Address: 1007 E. FT. KING STREET
City-St-Zip: OCALA, FL 34471

Title: D () Delete
Name: SHEALY, JULIE
Address: 606 SE 40TH TERRACE
City-St-Zip: OCALA, FL 34471

Title: D () Delete
Name: GILLUM, CRAIG
Address: 1520 SE 24TH AVENUE
City-St-Zip: OCALA, FL 34471

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PED (X) Change () Addition
Name: YANCEY, CHRIS
Address: 2437 SE 17TH STREET
City-St-Zip: OCALA, FL 34471

Title: ED (X) Change () Addition
Name: SAVAGE, CAROLE
Address: 1239 NW 4TH STREET
City-St-Zip: OCALA, FL 34475

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: CAROLE SAVAGE, APR, CPRC

ED

03/16/2009

Electronic Signature of Signing Officer or Director

Date