

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30029

FILED
Feb 06, 2007
Secretary of State

Entity Name: MARION COUNTY BAR ASSOCIATION, INC.

Current Principal Place of Business:

1 NE 1ST AVENUE
SUITE 303
OCALA, FL 34470 US

Current Mailing Address:

P. O. BOX 3583
OCALA, FL 34478 US

New Principal Place of Business:

21 NORTH MAGNOLIA AVENUE
SECOND FLOOR
OCALA, FL 34475 US

New Mailing Address:

21 NORTH MAGNOLIA AVENUE
SECOND FLOOR
OCALA, FL 34475 US

FEI Number: 59-2990489

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PERRY, RICHARD A
1 NE 1ST AVENUE
SUITE 303
OCALA, FL 34470 US

Name and Address of New Registered Agent:

DOBBINS, THOMAS J
21 NORTH MAGNOLIA AVENUE
SECOND FLOOR
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: THOMAS J. DOBBINS

02/06/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: COLLINS, JAMES
Address: POB 1148
City-St-Zip: OCALA, FL 34478

Title: PE () Delete
Name: MCLEAN, ROBERT
Address: POB 2663
City-St-Zip: OCALA, FL 34478

Title: T () Delete
Name: JOHNSON, MARTHA
Address: 403 NE 2ND ST
City-St-Zip: OCALA, FL 34470

Title: S () Delete
Name: CRAGGS, ANN MELINDA
Address: POB 2405
City-St-Zip: OCALA, FL 34478

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: MCLEAN, ROBERT
Address: 110 NW FIRST AVENUE
City-St-Zip: OCALA, FL 34475

Title: PE/D (X) Change () Addition
Name: CRAGGS, ANN MELINDA
Address: POB 2405
City-St-Zip: OCALA, FL 34478

Title: T/D (X) Change () Addition
Name: GLYNN, KATIE
Address: 6998 W US HWY 27, SUITE 111
City-St-Zip: OCALA, FL 34482

Title: S/D (X) Change () Addition
Name: DOBBINS, THOMAS J
Address: 21 NORTH MAGNOLIA AVENUE, SECOND FLOOR
City-St-Zip: OCALA, FL 34475

I hereby certify that the information supplied with this filing does not qualify for the 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: THOMAS J. DOBBINS

S/D

02/06/2007

Electronic Signature of Signing Officer or Director

Date