2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2005 8:00 am Secretary of State

ANNUAL REPURI							Compare of C4040				
DOCUMENT # N31273 1. Entity Name THE MARION COUNTY VETERANS COUNCIL INC.							Secretary of State 05-02-2005 90459 039 ****61.25				
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VFW POST #4209 111				Mailing Address 111 S.E. 25TH AVE. OCALA, FL 34471 US				187 0: Herio Coni. 1830:	ANN REDIK REGAR R		
2. Principal Place of Business 3.			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				04272005	Chg-NP	CR2EC	37 (10/03)	
City & State			City & State				4. FEI Number Applied For 59-2998982 Not Applicable				
Zip	Country		Zip (ountry	5. Certi		of Status Desired		\$8.75 Add Fee Required	itlonal
Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent					
WHITTIER, HANK					Name						
111 S.E. 2 OCALA, FI		Street Address (P.O. Box Numbe	r is Not Accepta	ble)				
					City			-		Zip Code	9
<u>'</u>							FL Zip Code				
	named entity tions of registe	submits this statement fo cred agent.	r the purpose of changing	ig its registe	red office o	register	ed agent, or boti	n, in the State of	Florida. I an	n femilier with,	and accept
SIGNATURE .	Signature, typed o	tnega beratsiges fo emain betrific to	and title if applicable.	(NOTE: Register	red Agent eignet	ure required	when reinstrums		DATE		·····
Filling Fee Is \$61.25 9. Election Campaign Financing Due by May 1, 2005 Trust Fund Contribution.							чинан поплатинду		DATE		;
	_	•		n Campaign			\$5.00 May Bo	e Fi	Make che	ck payable to	
10.	_	ay 1, 2005	Trust F	n Campaign und Contribu	ition.		\$5.00 May Bo Added to Fees	FI	Make che orida Depa	irtment of Si	ate -
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 eath; 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.

CITY-ST-ZIP

SIGNATURE: M. Saw Stay M. PAM STYX 4/28/05 352-245-5480

CITY-ST-ZIP

OCALA, FL 34470