


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90034 012 \*\*\*\*61.25

<b>DOCUMENT # N31273</b> 1. Entity Name <b>THE MARION COUNTY VETERANS COUNCIL INC.</b>					
Principal Place of Business <b>VFW POST #4209</b> <b>4805 N.W. 36TH STREET</b> <b>OCALA, FL 32670</b>			Mailing Address <b>111 S.E. 25TH AVE.</b> <b>OCALA, FL 34471 US</b>		
2. Principal Place of Business		3. Mailing Address <b>10761 SE 72<sup>ND</sup> TERR</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>BELLEVIEW, FL</b>			
Zip	Country	Zip <b>34420</b>	Country <b>US</b>	4. FEI Number <b>59-2998982</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>WHITTIER, HANK</b> <b>111 S.E. 25TH AVENUE</b> <b>OCALA, FL 32671</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>JULIUS, WILBER</b> <b>9821 S.E. 140TH ST.</b> <b>SUMMERFIELD, FL 34491</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>ROSE, JOHN W</b> <b>12410 SE 97TH AVE</b> <b>BELLEVIEW, FL 34420</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>ASBEEW, JEFFREY</b> <b>1838 SE 8TH AVE</b> <b>OCALA, FL 34471</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>FITZGERALD, SARA</b> <b>1916 NE 9TH STREET</b> <b>OCALA, FL 34470</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>STYX, M. PAM</b> <b>10761 SE 72ND TERRACE</b> <b>BELLEVIEW, FL 34420</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>CURLEY, JAMES SR</b> <b>1238 N.E. 28TH ST.</b> <b>OCALA, FL 34470</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>ZINCK, RICHARD</b> <b>7935 SW 115<sup>TH</sup> LOOP</b> <b>OCALA, FL 34476</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>M. Pam Styx</u> <u>M. PAM STYX</u> <u>1/20/06</u> <u>352-245-5480</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					