## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED DOCUMENT # N31273 Mar 19, 2007 08:00 AM Secretary of State THE MARION COUNTY VETERANS COUNCIL INC. Principal Place of Business Mailing Address VFW POST #4209 10761 SE 72ND TERR 4805 N.W. 36TH STREET BELLEVIEW FL 34420 OCALA FL 32670 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (10/06) 1st MOORE City & Stato City & State Applied For 4. FEI Number 59-2998982 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Cortificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WHITTIER, HANK Street Address (P.O. Box Number is Not Acceptable) 111 S.E. 25TH AVENUE **OCALA FL 32671** Zip Code 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 | am familiar with, and accept the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Due By May 1, 2007 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Addition TOTE VD Delete HIE. Change JULIUS, WILBER NAMI STREEL ADDRESS 9821 S.E. 140TH ST. STREET ADDRESS CHY-ST-7P CITY-SI-ZIP SUMMERFIELD FL 34491 Change ☐ Addition HILE SD ☐ Defete TITLE NAME ROSE, JOHN W NAME STREET ADDRESS STREET ADDRESS 12410 SE 97TH AVE CITY-ST-7IP CITY-ST-ZIP BELLEVIEW FL 34420 ☐ Delete ASKEW, JEFFREY STREET ADDRESS STREET ADDRESS 1838 SE 8TH AVE CITY-ST-7IP CHY-SI-7/P OCALA FL 34471 ☐ Change Addition TITLE ☐ Delete IIIILE VD NAME NAMI ZINCK, RICHARD STREET ADDRESS STREET ADDRESS 7935 SW 115TH LOOP CITY-S1-7IP CITY-S1-ZiP **OCALA FL 34476** ☐ Delete Change ☐ Addition THE TD TITLE NAME NAME STYX, M. PAM STREET LADDRESS STREET ADDRESS 10761 SE 72ND TERRACE CITY-ST-7IP CITY-ST-ZIP BELLEVIEW FL 34420 ☐ Change Addition ☐ Delete HILE NAMI. CURLEY, JAMES SR STRUT ADORESS STREET ADDRESS 1238 N.E. 28TH ST. CITY+SI-7IP CHY-SI-ZIP

SIGNATURE: M. Saw Styl Treasurer M. PAM 5TYY 3/5/07 352-245-5480

I horeby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 logal offect 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.