## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N31273

FILED Mar 21, 2008 Secretary of State

Entity Name: THE MARION COUNTY VETERANS COUNCIL INC.

**Current Principal Place of Business: New Principal Place of Business:** VFW POST #4209 4805 N.W. 36TH STREET OCALA, FL 32670 **Current Mailing Address: New Mailing Address:** 2601 SW 10TH ST APT 10761 SE 72ND TERR BELLEVIEW, FL 34420 US **APT 242** OCALA, FL 34471 US FEI Number: 59-2998982 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WHITTIER, HANK 111 S.E. 25TH AVENUE OCALA, FL 32671 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete JULIUS, WILBER CURLEY, JAMES SR Name: Name: 9821 S.E. 140TH ST. Address: 1238 NE 26TH ST Address: City-St-Zip: SUMMERFIELD, FL 34491 City-St-Zip: OCALA, FL 34470 Title: SD () Delete Title: () Change () Addition ROSE, JOHN W Name: Name: Address: 12410 SE 97TH AVE Address: City-St-Zip: BELLEVIEW, FL 34420 City-St-Zip: Title: () Delete Title: () Change () Addition ASKEW, JEFFREY Name: Name: 1838 SE 8TH AVE Address: Address: City-St-Zip: OCALA, FL 34471 City-St-Zip: Title: VD () Delete Title: () Change () Addition Name: ZINCK, RICHARD Name: 7935 SW 115TH LOOP Address: Address: City-St-Zip: OCALA, FL 34476 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition STYX, M. PAM WASHBISH, DONALD A Name: Name: 10761 SE 72ND TERRACE 2601 SW 10TH ST APT 242 Address: Address: City-St-Zip: BELLEVIEW, FL 34420 City-St-Zip: OCALA, FL 37171 Title: (X) Delete Title: () Change () Addition CURLEY, JAMES SR Name: Name: Address: 1238 N.E. 28TH ST. Address: OCALA, FL 34470 City-St-Zip: 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: WASHBISH, DONALD A TD 03/21/2008