

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31273

FILED
Jan 22, 2009
Secretary of State

Entity Name: THE MARION COUNTY VETERANS COUNCIL INC.

Current Principal Place of Business:

VFW POST #4209
4805 N.W. 36TH STREET
OCALA, FL 32670

New Principal Place of Business:

MARION COUNTY LIBRARY
2720 E. SILVER SPRINGS BLVD.
OCALA, FL 34470

Current Mailing Address:

2601 SW 10TH ST APT
APT 242
OCALA, FL 34471 US

New Mailing Address:

FEI Number: 59-2998982 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

WHITTIER, HANK
111 S.E. 25TH AVENUE
OCALA, FL 32671 US

Name and Address of New Registered Agent:

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:

Title: VD () Delete
Name: CURLEY, JAMES SR
Address: 1238 NE 26TH ST
City-St-Zip: OCALA, FL 34470

Title: SD () Delete
Name: ROSE, JOHN W
Address: 12410 SE 97TH AVE
City-St-Zip: BELLEVIEW, FL 34420

Title: D () Delete
Name: ASKEW, JEFFREY
Address: 1838 SE 8TH AVE
City-St-Zip: OCALA, FL 34471

Title: VD () Delete
Name: ZINCK, RICHARD
Address: 7935 SW 115TH LOOP
City-St-Zip: OCALA, FL 34476

Title: TD () Delete
Name: WASHBISH, DONALD A
Address: 2601 SW 10TH ST APT 242
City-St-Zip: OCALA, FL 37171

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: DONALD A. WASHBISH

TREA

01/22/2009

Electronic Signature of Signing Officer or Director

_____ Date