



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2007 8:00 am**  
**Secretary of State**

04-12-2007 90035 043 \*\*\*\*61.25

<b>DOCUMENT # N35762</b> 1. Entity Name <b>MARION CIVIC CHORALE, INC.</b>					
Principal Place of Business <b>POST OFFICE BOX 2674 OCALA, FL 34478-2674</b>			Mailing Address <b>POST OFFICE BOX 2674 OCALA, FL 34478-2674</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3012338</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>VAN WEELDEN, JILL 1447 SE 38 AVE OCALA, FL 34471</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SP BRADDON, MARY 1804 NW 24 AVE OCALA, FL 34475	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SJD BRADDON, Mary 1804 NW 24 AVE Ocala, FL 34475
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SECHY, JOY POB 296 BELLEVIEW, FL 34421	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VID Sechy, Joy POB 296 Bellevue, FL 34421
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRADDON, ALONZO 1804 NW 24 AVE OCALA, FL 34475	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VAN WEELDEN, JILL 1447 SE 38TH AVE OCALA, FL 34471	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOODS, PAT 3155 SE 12TH ST OCALA, FL 34471	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSAZZA, GRAT L 322 SW WENONA AVE OCALA, FL 34471	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Knoblock, Rosemarie 9701 E. Hwy 25 #110 Bellevue, FL 34420
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.					
<b>SIGNATURE:</b> <i>Jill Van Weelden</i> <i>Jill Van Weelden</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				4-10-07 (352) 671-4781 <small>Date Daytime Phone #</small>	