

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35762

FILED  
Mar 20, 2009  
Secretary of State

Entity Name: MARION CIVIC CHORALE, INC.

**Current Principal Place of Business:**

1447 SE 38 AVE  
OCALA, FL 34471

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2674  
OCALA, FL 34478

**New Mailing Address:**

FEI Number: 59-3012338

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

VAN WEELDEN, JILL  
1447 SE 38 AVE  
OCALA, FL 34471 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: SD ( ) Delete  
Name: BRADDON, MARY  
Address: 1804 NW 24 AVE  
City-St-Zip: OCALA, FL 34475

Title: VD ( ) Delete  
Name: SECHY, JOY  
Address: POB 296  
City-St-Zip: BELLEVIEW, FL 34421

Title: PD ( ) Delete  
Name: BRADDON, ALONZO  
Address: 1804 NW 24 AVE  
City-St-Zip: OCALA, FL 34475

Title: TD ( ) Delete  
Name: VAN WEELDEN, JILL  
Address: 1447 SE 38TH AVE  
City-St-Zip: OCALA, FL 34471

Title: D ( ) Delete  
Name: WOODS, PAT  
Address: 3155 SE 12TH ST  
City-St-Zip: OCALA, FL 34471

Title: D ( ) Delete  
Name: KNOBLOCK, ROSEMARIE  
Address: 9701 E. HWY 25 #110  
City-St-Zip: BELLEVIEW, FL 34420

**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:

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: JILL VAN WEELDEN

TD

03/20/2009

Electronic Signature of Signing Officer or Director

Date