


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2004 8:00 am**  
**Secretary of State**

02-02-2004 90038 050 \*\*\*\*61.25

<b>DOCUMENT # N41047</b> 1. Entity Name <b>ARC MARION-NEW HOPE FOUNDATION, INC.</b>					
Principal Place of Business 2800 SE MARICAMP RD. OCALA, FL 34471-5538			Mailing Address 2800 SE MARICAMP RD. OCALA, FL 34471-5538		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		01072004    Chg-NP    CR2E037 (10/03)	
Zip		Country		4. FEI Number <b>59-3246094</b>	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>STRAWDER, TROY</b> <b>2800 SE MARICAMP RD</b> <b>OCALA, FL 34471</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b>    Zip Code       </div>		
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 _____ (NOTE: Registered Agent signature required when re-registering)    DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</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	<b>P</b> <b>ROBERTSON, MIKE</b> <b>P.O. BOX 6000</b> <b>OCALA, FL 34478</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>Robertson, Mike</b> <b>P O Box 6000</b> <b>Ocala, Fl 34478</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GAEWAD, DANNY</b> <b>2211 SW 17TH ST</b> <b>OCALA, FL 34474</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>Tarn Thompson</b> <b>7431 BW 14 St</b> <b>Ocala, Fl 34482</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>DELORIO, LAUREN</b> <b>2405 SE 28TH STREET</b> <b>OCALA, FL 34471</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>Delorio, Lauren</b> <b>2405 SE 28th St</b> <b>Ocala, Fl 34472</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FERRENTINO, EDDIE</b> <b>434 SW 14TH STREET</b> <b>OCALA, FL 34474</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change    Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HILL, JOHNNY</b> <b>316 SW 33RD AVE</b> <b>OCALA, FL 34474</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Hill, Johnny</b> <b>316 SW 33rd Ave</b> <b>Ocala, Fl 34474</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change    Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Linda Nikolajski</b> <b>2910 SE Lake Weir Ave</b> <b>Ocala, Fl 34471</b>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			1/15/04    352-387-2210 Date    Daytime Phone #		Johnny Hill, President