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FILED  
Feb 25 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morthane  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N44665 (0)

1. Corporation Name

MARION COUNTY ASSOCIATION OF CRIMINAL DEFENSE LA  
WYERS, INC.

Principal Place of Business

Mailing Address

606 SW THIRD AVE.  
OCALA FL 34474  
US

606 SW THIRD AVENUE  
OCALA FL 34474  
US



2. Principal Place of Business

2a. Mailing Address

21 225 NE Eighth Ave.

26 225 NE Eighth Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Ocala, Florida

28 Ocala, Florida

24 Zip Country

29 Zip Country

34470

34470

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/12/1991

4. FEI Number

59-3081209

Applied For

Not Applicable

6. Certificate of Status Desired

\$8.75 Additional  
Fee Required

8. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

Yes No

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30.

Yes No

10. Name and Address of New Registered Agent

REICH, JAMES T.  
606 SW THIRD AVENUE  
OCALA FL 32670

81 Name

Paul J. Guilfoil

82 Street Address (P.O. Box Number is Not Acceptable)

225 NE Eighth Avenue

84 City

Ocala

FL

85 Zip Code

34470

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

PAUL J. GUILFOIL

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/16/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME REICH, JAMES T.  
STREET ADDRESS 606 SW THIRD AVENUE  
CITY-ST-ZIP Ocala FL

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME Paul J. Guilfoil  
1.3 STREET ADDRESS 225 NE Eighth Avenue  
1.4 CITY-ST-ZIP Ocala, FL 34470

TITLE VPD ☐ DELETE

NAME GUILFOIL, PAUL  
STREET ADDRESS 225 NE 8TH AVENUE  
CITY-ST-ZIP Ocala FL

2.1 TITLE VPD ☒ Change ☐ Addition

2.2 NAME Charles Holloman  
2.3 STREET ADDRESS 1515 E. Silver Springs Blvd, #120E  
2.4 CITY-ST-ZIP Ocala, Florida 34470

TITLE DS ☐ DELETE

NAME MOE, DENNIS  
STREET ADDRESS 820 SE FORT KING ST., STE 3B  
CITY-ST-ZIP Ocala FL

3.1 TITLE DS ☒ Change ☐ Addition

3.2 NAME Christine N. Bird  
3.3 STREET ADDRESS 7 E. Silver Springs Blvd., #104  
3.4 CITY-ST-ZIP Ocala, FL 34470

TITLE DT ☐ DELETE

NAME HOLLOMAN, CHARLES  
STREET ADDRESS 1515 E. SILVER SPRINGS BLVD STE 120 E  
CITY-ST-ZIP Ocala FL

4.1 TITLE DT ☒ Change ☐ Addition

4.2 NAME Gary Adel  
4.3 STREET ADDRESS (P.O. Box 1869) 4 S.E. Broadway  
4.4 CITY-ST-ZIP (Ocala, FL 34478) Ocala, FL 34471

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

600002441016

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14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.