## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N44665

FILED Jan 09, 2007 Secretary of State

Entity Name: MARION COUNTY ASSOCIATION OF CRIMINAL DEFENSE LAWYERS, INC.

Current Principal Place of Business: New Principal Place of Business:

500 NE 8TH AVENUE 20 SOUTH MAGNOLIA AVENUE OCALA, FL 34470 US OCALA, FL 34474 US

Current Mailing Address: New Mailing Address:

500 NE 8TH AVENUE 20 SOUTH MAGNOLIA AVENUE OCALA, FL 34470 US OCALA, FL 34474 US

FEI Number: 59-3081209 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

ADEL, GARRY D ESQUIRE
4 SE BROADWAY STREET
COCALA, FL 34471 US

4 SOUTHEAST BROADWAY
COCALA, FL 34474 US

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: GARRY ADEL 01/09/2007

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Name:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

P ( ) Delete Title: P (X) Change ( ) Addition MENGERS, DAVID Name: ALAVI, TANIA Z

Address: 500 NE 8TH AVENUE Address: 20 SOUTH MAGNOLIA AVENUE
City-St-Zip: OCALA, FL 34470 US City-St-Zip: OCALA, FL 34474 US

Title: V ( ) Delete Title: V (X) Change ( ) Addition Name: ALAVI, TANIA Name: KIRKLAND, DOUGLAS

 Name:
 ALAVI, TANIA
 Name:
 KIRKLAND, DOUGLAS

 Address:
 20 S. MAGNOLIA AVE.
 Address:
 200 NORTHEAST 8TH AVENUE

 City-St-Zip:
 OCALA, FL 34474 US
 City-St-Zip:
 OCALA, FL 34470 US

Title: S () Delete Title: S (X) Change () Addition Name: POZZUTO, ANDREW Name: BUSHNELL, ALAN

Address: 20 S. MAGNOLIA AVE. Address: 204 NORTHWEST 3RD AVENUE

City-St-Zip: OCALA, FL 34474 US City-St-Zip: OCALA, FL 34475 US

Title: T ( ) Delete Title: T (X) Change ( ) Addition Name: BUSHNELL, ALAN Name: MOODY, JAMES

Address: 204 NW 3RD AVENUE Address: 2065 SOUTHEAST 37TH COURT CIRCLE

City-St-Zip: OCALA, FL 34475 City-St-Zip: OCALA, FL 34471

I hereby certify that the information supplied with this filing does not qualify for the 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: TANIA Z. ALAVI P 01/09/2007