

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47557

FILED
Feb 06, 2008
Secretary of State

Entity Name: OCALA/MARION COUNTY ASSOCIATION OF REALTORS, INC.

Current Principal Place of Business:

3105 N.E. 14 ST.
OCALA, FL 32670

New Principal Place of Business:

Current Mailing Address:

3105 N.E. 14 ST.
OCALA, FL 32670

New Mailing Address:

FEI Number: 59-6159045

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NIX, ANDREA
3105 N.E. 14 ST.
OCALA, FL 32670 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: D () Delete
Name: SAUER, SANDRA
Address: 1396 NE 20 AVE BLDG 300
City-St-Zip: OCALA, FL 34470

Title: V () Delete
Name: MEADOWS, SEBERT
Address: 8926 SW 27 AVE
City-St-Zip: OCALA, FL 34474

Title: T () Delete
Name: BECK, BILL
Address: 515 NE 25 AVE
City-St-Zip: OCALA, FL 34470

Title: P () Delete
Name: LORD, GREG
Address: 2455 NW44 AVE
City-St-Zip: OCALA, FL 34482

Title: P () Delete
Name: GRIDER, KAREN
Address: 7555 SW HWY 200
City-St-Zip: OCALA, FL 34476

Title: D () Delete
Name: HUTCHINSON, NANCY
Address: 1111 NE 25 AVE STE 502
City-St-Zip: OCALA, FL 34470

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: PLUNKETT, KATHLEEN
Address: 1740 E SLVR SPRGS BLVD
City-St-Zip: OCALA, FL 34470

Title: P (X) Change () Addition
Name: MEADOWS, SEBERT
Address: 8926 SW 27 AVE
City-St-Zip: OCALA, FL 34474

Title: VP (X) Change () Addition
Name: BECK, BILL
Address: 515 NE 25 AVE
City-St-Zip: OCALA, FL 34470

Title: D (X) Change () Addition
Name: OWEN, JAMES K
Address: 2452 NE 3 ST
City-St-Zip: OCALA, FL 34470

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: VANWYCK, WILBUR
Address: 11824 NW WILLIAMS ST
City-St-Zip: DUNNELLON, FL 34432

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: ANDREA NEX

A.E.

02/06/2008

Electronic Signature of Signing Officer or Director

Date