

1-26-95 B-454-C
FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # N94000003135 (0)
 1. Corporation Name
MARION COUNTY MUSEUM OF HISTORY, INC.

FILED
 95 JAN 26 PM 3:36
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
 3722 SE FORT KING ST
 Ocala FL 34470
 3722 SE FORT KING ST
 Ocala FL 34470

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip 24 Country 25 29 Zip 30 Country

DO NOT WRITE IN THIS SPACE
 3. Date incorporated or Qualified 3a. Date of Last Report
 06/24/1994
 4. FEI Number 59-3274129 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
 DEBARY, BETTIE
 3722 SE FORT KING ST
 Ocala FL 34470

10. Name and Address of New Registered Agent
 B1 Name
 B2 Street Address (P.O. Box Number is Not Acceptable)
 B3
 B4 City FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1604, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	DEBARY, BETTIE
STREET ADDRESS	3722 SE FORT KING ST
CITY-ST-ZIP	OCALA FL 34470
TITLE	D
NAME	ALABECK, STEVEN
STREET ADDRESS	2251 NE 19TH AVE, 57
CITY-ST-ZIP	OCALA FL 34470
TITLE	D
NAME	CLEMONS, FRAN
STREET ADDRESS	1008 NE 13TH AVE
CITY-ST-ZIP	OCALA FL 34470
TITLE	D
NAME	STEVENSON, ROBERT
STREET ADDRESS	1921 NW 13TH PL
CITY-ST-ZIP	OCALA FL 34475
TITLE	D
NAME	SWEARINGEN, BETTY
STREET ADDRESS	14005 S HWY 301
CITY-ST-ZIP	SUMMERFIELD FL 34492
TITLE	D
NAME	STAFFORD, PAMELA
STREET ADDRESS	7220 SW 19TH AVE
CITY-ST-ZIP	OCALA FL 34470

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	DESTELLE SYKES
5.3 STREET ADDRESS	821 NE 44 AVE
5.4 CITY-ST-ZIP	OCALA FL 34470
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	TREASURER
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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.

SIGNATURE: Pamela Stafford 1/19/95 904-237-5332
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Signature