

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N94000003135 (0)**

1. Corporation Name  
**MARION COUNTY MUSEUM OF HISTORY, INC.**



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

3. Date Incorporated or Qualified: **06/24/1994**  
3a. Date of Last Report: **01/26/1995**

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields.

4. FEI Number: **59-3274129**  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
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 (81-85) fields.

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>D / P</b> <input type="checkbox"/> DELETE	NAME: <b>DEBARY, BETTIE</b>	1.1 TITLE: <b>P/D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: <b>3722 SE FORT KING ST</b>	CITY-ST-ZIP: <b>OCALA FL 34470</b>	1.2 NAME:	1.3 STREET ADDRESS:
TITLE: <b>D</b> <input checked="" type="checkbox"/> DELETE	NAME: <b>ALABECK, STEVEN</b>	2.1 TITLE: <b>D/VP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: <b>2251 NE 19TH AVE, 57</b>	CITY-ST-ZIP: <b>OCALA FL 34470</b>	2.2 NAME: <b>Louise Sigman</b>	2.3 STREET ADDRESS: <b>1039 NE 10th St.</b>
TITLE: <b>D</b> <input checked="" type="checkbox"/> DELETE	NAME: <b>CLEMONS, FRAN</b>	2.4 CITY-ST-ZIP: <b>Ocala, Fl., 34470</b>	
STREET ADDRESS: <b>1008 NE 13TH AVE</b>	CITY-ST-ZIP: <b>OCALA FL 34470</b>	3.1 TITLE: <b>D/T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <b>D</b> <input type="checkbox"/> DELETE	NAME: <b>STEVENSON, ROBERT</b>	3.2 NAME: <b>Gail Tuck</b>	3.3 STREET ADDRESS: <b>1951 Twin Bridge C</b>
STREET ADDRESS: <b>1921 NW 13TH PL</b>	CITY-ST-ZIP: <b>OCALA FL 34475</b>	3.4 CITY-ST-ZIP: <b>Ocala, Fl, 34471</b>	
TITLE: <b>D / S</b> <input type="checkbox"/> DELETE	NAME: <b>SYKES, ESTELLE</b>	4.1 TITLE:	4.2 NAME:
STREET ADDRESS: <b>821 NE 44 AVE</b>	CITY-ST-ZIP: <b>OCALA FL</b>	4.3 STREET ADDRESS:	4.4 CITY-ST-ZIP:
TITLE: <input type="checkbox"/> DELETE	NAME: <b>STAFFORD, PAMELA</b>	5.1 TITLE:	5.2 NAME:
STREET ADDRESS: <b>7220 SW 19TH AVE</b>	CITY-ST-ZIP: <b>OCALA FL</b>	5.3 STREET ADDRESS:	5.4 CITY-ST-ZIP:
		6.1 TITLE:	6.2 NAME:
		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 119.07(3)(k), 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: Bettie DeBary (352) 2-15-96 694-2529  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)