

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 34470-1317
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/24/1994	3a. Date of Last Report 03/06/1996
21	22	23	24	25	26
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-3274129	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
27		28		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
29		30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DEBARY, BETTIE 3722 SE FORT KING ST OCALA FL 34470				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ (Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DEBARY, BETTIE			1.2 NAME			
STREET ADDRESS	3722 SE FORT KING ST			1.3 STREET ADDRESS			
CITY-ST-ZIP	OCALA FL			1.4 CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SIGMAN, LOUIS			2.2 NAME			
STREET ADDRESS	1039 NE 10TH STREET			2.3 STREET ADDRESS			
CITY-ST-ZIP	OCALA FL			2.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TUCK, GAIL			3.2 NAME	MARY ROSS		
STREET ADDRESS	1951 TWIN BRIDGE C			3.3 STREET ADDRESS	1005 SE 9th AVE		
CITY-ST-ZIP	OCALA FL			3.4 CITY-ST-ZIP	OCALA FL 34471		
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STEVENSON, ROBERT			4.2 NAME	MONTE ADKISON		
STREET ADDRESS	1921 NW 13TH PL			4.3 STREET ADDRESS	7875 SW 27th AVE		
CITY-ST-ZIP	OCALA FL 34475			4.4 CITY-ST-ZIP	OCALA FL 34476		
TITLE	SD	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SYKES, ESTELLE			5.2 NAME			
STREET ADDRESS	821 NE 44 AVE			5.3 STREET ADDRESS			
CITY-ST-ZIP	OCALA FL			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STAFFORD, PAMELA			6.2 NAME			
STREET ADDRESS	7220 SW 19TH AVE			6.3 STREET ADDRESS			
CITY-ST-ZIP	OCALA FL			6.4 CITY-ST-ZIP			

14. I do 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.

SIGNATURE _____ DATE _____

CR2E037 (9/96)