


FILE NOW: FILING FEE IS \$61.25

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**Mar 11 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		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
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3. Date Incorporated or Qualified
06/24/1994

4. FEI Number 59-3274129	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 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 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City
85 Zip Code

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	PD DEBARY, BETTIE 3722 SE FORT KING ST OCALA FL	1.1 TITLE	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VPO SIGMAN, LOUIS 1039 NE 10TH STREET OCALA FL	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	TD ROSS, MARY 1005 SE 9TH AVE. OCALA FL	3.1 TITLE	TD
NAME		3.2 NAME	Wiley Kerlin
STREET ADDRESS		3.3 STREET ADDRESS	3319 SE 4th St.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	OCALA FL 34470
TITLE	D ADKISON, MONTE 7875 SW 27TH AVE OCALA FL	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	SD SYKES, ESTELLE 821 NE 44 AVE OCALA FL	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D STAFFORD, PAMELA 7220 SW 19TH AVE OCALA FL	6.1 TITLE	D
NAME		6.2 NAME	RICHARD HALE
STREET ADDRESS		6.3 STREET ADDRESS	4822 NE 18th PL
CITY-ST-ZIP		6.4 CITY-ST-ZIP	OCALA FL 34470

14. I 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: *Bettie DeBary* **3-3-98**

CF2E037 (10/97)