


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 08, 2005 08:00 AM
Secretary of State

DOCUMENT # N94000003135 1. Entity Name MARION COUNTY MUSEUM OF HISTORY, INC.	
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Principal Place of Business PO BOX 306 SILVER SPRINGS, FL 34489	Mailing Address 3722 SE FORT KING ST OCALA, FL 34470
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01142005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3274129	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**DEBARY, BETTIE
3722 SE FORT KING ST
OCALA, FL 34470**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	DEBARY, JEREMY
STREET ADDRESS	3722 SE FT. KING ST
CITY-ST-ZIP	OCALA, FL 34470
TITLE	D
NAME	SIGMAN, LOUIS
STREET ADDRESS	1039 NE 10TH STREET
CITY-ST-ZIP	OCALA, FL
TITLE	TD
NAME	KNOBLOCK, PHIL
STREET ADDRESS	24 NW 8TH STREET
CITY-ST-ZIP	OCALA, FL 34475
TITLE	D
NAME	ADKISON, MONTE
STREET ADDRESS	7875 SW 27TH AVE
CITY-ST-ZIP	OCALA, FL
TITLE	PD
NAME	DEBARY, BETTIE
STREET ADDRESS	3722 SE FT. KING ST
CITY-ST-ZIP	OCALA, FL 34470
TITLE	VPD
NAME	GAVGER, "CHARLIE"
STREET ADDRESS	1121 SE 29TH ST
CITY-ST-ZIP	OCALA, FL 34470

**DO NOT WRITE
IN THIS SPACE**

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 04/08/05-80069-008 61.25

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bettie DeBary 4-5-05 352-694-2529

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #