

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 24, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N94000003135**

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



Principal Place of Business  
**PO BOX 306**  
**SILVER SPRINGS, FL 34489**

Mailing Address  
**3722 SE FORT KING ST**  
**OCALA, FL 34470**



01192006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **59-3274129** Applied For  Not Applicable

5. Certificate of Status Desired  **\$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. *No*

SIGNATURE *Bettie DeBary* DATE *1-20-06*  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11111111399854  
 02/01/06-80030-015 61.25

**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	<del>SIGMAN, EDUYS</del> <b>BILL ALLAN</b>
STREET ADDRESS	<del>1039 NE 10TH STREET</del> <b>3811 SE 24<sup>th</sup> ST.</b>
CITY-ST-ZIP	<del>OCALA, FL</del> <b>OCALA, FL 34471</b>
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	<del>GAVGER, "CHARLIE"</del> <b>STEVE ROECKNER</b>
STREET ADDRESS	<del>1124 SE 29TH ST.</del> <b>PO BOX 3932</b>
CITY-ST-ZIP	<del>OCALA, FL 34470.</del> <b>OCALA, FL 34478</b>

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 817, 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* DATE *1-20-06* *352-694-2529*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

*Bettie DeBary*