


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2008 08:00 A
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
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01092008 No Chg-NP CR2E037 (4/08)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3274129	Applied For 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 reactivating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DEBARY, JEREMY 3722 SE FT. KING ST OCALA, FL 34470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLAN, BILL 3811 SE 24TH STREET OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KNOBLOCK, PHIL 24 NW 8TH STREET OCALA, FL 34475
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADKISON, MONTE 7875 SW 27TH AVE OCALA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEBARY, BETTIE 3722 SE FT. KING ST OCALA, FL 34470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HARLOW, PAT 1010 SE 24TH STREET OCALA, FL 34471

U00000822899
02/20/08-80018-008 61.25

**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 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 **2-4-08** **352-694-2529**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #