2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003135

FILED Feb 04, 2009 Secretary of State

Entity Name: MARION COUNTY MUSEUM OF HISTORY, INC.

Current Principal Place of Business: New Principal Place of Business: 307 SE 26 TH TERRACE SILVER SPRINGS, FL 34489 OCALA,, FL 34470 **Current Mailing Address: New Mailing Address:** 3722 SE FORT KING ST OCALA, FL 34470 FEI Number: 59-3274129 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DEBARY, BETTIE 3722 SE FORT KING ST OCALA, FL 34470 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition DEBARY, JEREMY Name: Name: 3722 SE FT. KING ST Address: Address: City-St-Zip: OCALA, FL 34470 City-St-Zip: Title: () Delete Title: () Change () Addition Name: ALLAN, BILL Name: Address: 3811 SE 24TH STREET Address: City-St-Zip: OCALA, FL 34474 City-St-Zip: Title: () Delete Title: () Change () Addition KNOBLOCK, PHIL Name: Name: 24 NW 8TH STREET Address: Address: City-St-Zip: OCALA, FL 34475 City-St-Zip: Title: () Delete Title: () Change () Addition Name: ADKISON, MONTE Name: 7875 SW 27TH AVE Address: Address: City-St-Zip: OCALA, FL City-St-Zip: Title: PD () Delete Title: () Change () Addition DEBARY, BETTIE Name: Name: 3722 SE FT. KING ST Address: Address: City-St-Zip: OCALA, FL 34470 City-St-Zip: Title: () Delete Title: (X) Change () Addition HARLOW, PAT BAUER, MARIO Name: Name: Address: 1010 SE 24TH STREET Address: 3840 NE 13TH AVE. OCALA, FL 34471 OCALA, FL 34479 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BETTIE DEBARY O/D 02/04/2009