

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003135

FILED
Apr 24, 2012
Secretary of State

Entity Name: MARION COUNTY MUSEUM OF HISTORY, INC.

Current Principal Place of Business:

307 SE 26 TH TERRACE
OCALA,, FL 34470

New Principal Place of Business:

3722 SE FT.KING ST
OCALA,, FL 34470

Current Mailing Address:

3722 SE FORT KING ST
OCALA, FL 34470

New Mailing Address:

FEI Number: 59-3274129

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Title: D
Name: DEBARY, JEREMY
Address: 3722 SE FT. KING ST
City-St-Zip: Ocala, FL 34470

Title: D
Name: CHAPPELL, MARGUERITE
Address: 1910 SE 12H STREET
City-St-Zip: Ocala, FL 34471

Title: TD
Name: SENNAWALD, PHYLLIS
Address: 11240 SW 61ST CIR
City-St-Zip: Ocala, FL 34476

Title: SD
Name: JONES, BARBARA
Address: 301 NE 35TH ST.
City-St-Zip: Ocala, FL 34475

Title: PD
Name: DEBARY, BETTIE
Address: 3722 SE FT. KING ST
City-St-Zip: Ocala, FL 34470

Title: VPD
Name: SENNEWALD, PHYLLIS
Address: 11240 SW 61ST CIRCLE
City-St-Zip: Ocala, FL 34481

I hereby 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 all other like empowered.

SIGNATURE: BETTIE DEBARY

PD

04/24/2012

Electronic Signature of Signing Officer or Director

_____ Date