

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2007 8:00 am
Secretary of State

02-02-2007 90011 031 ****70.00

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1. Entity Name

**THE MARION COUNTY R/C CLOUD CLIMBERS
ASSOCIATION INC.**



Principal Place of Business

5500 NW 26TH LANE
OCALA FL 34482
US

Mailing Address

5500 NW 26TH LANE
OCALA FL 34482
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HARCUM, MARLENE
5500 NW 26TH LANE
OCALA FL 34482**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> Delete
NAME	HARCUM, MARLENE C	
STREET ADDRESS	5500 NW 26TH LANE	
CITY, ST, ZIP	OCALA FL 34482	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	STEINBACHER, ROBERT	
STREET ADDRESS	8931 W HIGHWAY 316	
CITY, ST, ZIP	REDDICK FL 34481	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MEISSNER, THOMAS F	
STREET ADDRESS	5315 NW 26TH LANE	
CITY, ST, ZIP	OCALA FL 34482	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BUNDICK, WALTER	
STREET ADDRESS	4204 NE 11TH ST	
CITY, ST, ZIP	OCALA FL 34470	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thomas F Meissner	
STREET ADDRESS	5315 NW 26th. Lane	
CITY, ST, ZIP	Ocala, Fl. 34482	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James T. Harcum	
STREET ADDRESS	5500 NW 26th. Lane	
CITY, ST, ZIP	Ocala, Fl. 34482	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Marlene C Harcum Marlene C. Harcum

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/2007
Date

352-629-9312

Daytime Phone #