

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2005 8:00 am
Secretary of State

02-08-2005 90008 009 ****61.25

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1. Entity Name

**MARION COUNTY FIRE CHIEF'S ASSOCIATION,
INCORPORATED**



Principal Place of Business

**3230 SOUTHEAST MARICAMP ROAD
C/O MARION COUNTY FIRE DEPARTMENT
OCALA FL 34471**

Mailing Address

**11171 SW 77TH COURT
OCALA FL 34476**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

**GERARD, STROH
11171 SW 77 CT
OCALA FL 34476**

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, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE C ☐ Delete
NAME HAVEN, JIM
STREET ADDRESS 4504 SE 11TH PL.
CITY-ST-ZIP Ocala FL 34471

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE CO-C ☐ Delete
NAME MCCARTHY, EUGENE
STREET ADDRESS P.O. BOX 1079
CITY-ST-ZIP ANTHONY FL 32617

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST ☐ Delete
NAME STROH, GERARD
STREET ADDRESS 11171 SW 77 CT
CITY-ST-ZIP Ocala FL 34476

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME RICHIE, CALVIN
STREET ADDRESS 4280 SW DEEPWATER CT.
CITY-ST-ZIP DUNNELLON FL 34431

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME WENTWAY, CHARLES
STREET ADDRESS 2809 SW 36TH STREET
CITY-ST-ZIP Ocala FL 34471

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME PERRONE, ANDY
STREET ADDRESS 18809 SW 31ST ST.
CITY-ST-ZIP DUNNELLON FL 32630

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Gerard Stroh* **GERARD STROH**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/05

Date

Daytime Phone #