

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N95000005723**

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  
**16900 SE 272 CT  
UMATILLA, FL 32784**



04092007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**HALLGREN, WENDY  
16900 SE 272 CT  
UMATILLA, FL 32784**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

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	C HAVEN, JIM 4504 SE 11TH PL. OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CO-C MCCARTHY, EUGENE P.O. BOX 1079 ANTHONY, FL 32617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HALLGREN, WENDY 16900 SE 272 CT UMATILLA, FL 32784
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHIE, CALVIN 4280 SW DEEPWATER CT. DUNNELLON, FL 34431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERRONE, ANDY 18809 SW 31ST ST. DUNNELLON, FL 32630
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000709466  
04/25/07-80004-011 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Wendy Hallgren Sec. Treas.* 4/10/07 (352) 408-4095