

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 8:00 am
Secretary of State

01-25-2008 90034 032 ****61.25

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
**46000 SE 272 CT 4504 S.E. 11th PL
UMATILLA FL 32784 OCALA FL 34471**



01142008 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 ROBIN MCCARTHY
16900 SE 272 CT 9591 N.E. 21 AVE
UMATILLA, FL 32784 ANTHONY FL 32617**

**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 Robin M. McCarthy

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/18/08

**Filing Fee is \$61.25
Due by May 1, 2008**

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 ROBIN MCCARTHY 46000 SE 272 CT 9591 N.E. 21 AVE UMATILLA, FL 32784 ANTHONY FL 32617
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	

**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: Robin M. McCarthy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/08 1-352-629-8099
Date Daytime Phone #