

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000390

FILED
Apr 25, 2005
Secretary of State

Entity Name: MARION REGIONAL MANUFACTURERS ASSOCIATION, INC.

Current Principal Place of Business:

3003 SW COLLEGE RD
SUITE 105
OCALA, FL 34474

New Principal Place of Business:

Current Mailing Address:

PO BOX 5683
OCALA, FL 34478

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOOTE, GERI
3003 SW COLLEGE RD
SUITE 105
OCALA, FL 34474 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 (X) Delete
Name: ADAMIAK, ROBERT
Address: 1724 NE 22 AV
City-St-Zip: OCALA, FL 34470

Title: VP () Delete
Name: RANDY, EWERS
Address: 607 NW 27TH AVE.
City-St-Zip: OCALA, FL 34475

Title: P (X) Delete
Name: DEAN, TIMOTHY
Address: 1821 NW 57TH ST
City-St-Zip: OCALA, FL 34475

Title: D (X) Delete
Name: MOYER, JAMES
Address: 3001 SW COLLEGE RD
City-St-Zip: OCALA, FL 34474

Title: T (X) Delete
Name: GLEASON, MICHAEL
Address: 4647 SW 40TH AV
City-St-Zip: OCALA, FL 34474

Title: D (X) Delete
Name: ZIELINSKI, TODD
Address: 1634 SW 17TH ST
City-St-Zip: OCALA, FL 34478

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: RANDY, EWERS
Address: 607 NW 27TH AVE.
City-St-Zip: OCALA, FL 34475

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: RANDY EWERS

PD

04/25/2005

Electronic Signature of Signing Officer or Director

Date