

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001435

FILED  
Apr 06, 2009  
Secretary of State

**Entity Name:** MARION COUNTY REPUBLICAN HEADQUARTERS, INC.

**Current Principal Place of Business:**

4000 E SILVER SPRINGS BLVD  
OCALA, FL 34470

**New Principal Place of Business:**

**Current Mailing Address:**

4000 E SILVER SPRINGS BLVD  
OCALA, FL 34470

**New Mailing Address:**

**FEI Number:** 59-2229217

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ABSHIER, ROY  
6006 SE ABSHIER BLVD  
BELLEVIEW, FL 34420 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 ( ) Delete  
Name: GREER, JIM  
Address: P.O. BOX 311  
City-St-Zip: TALLAHASSEE, FL 32302

Title: D ( ) Delete  
Name: DINKINS, LEWIS  
Address: 8331 SE 16TH TERRACE  
City-St-Zip: OCALA, FL

Title: T ( ) Delete  
Name: STILL, TAMMY  
Address: 1109 NE 45 PLACE  
City-St-Zip: OCALA, FL 34479

Title: D ( ) Delete  
Name: CAVANAUGH, MARGUERITE  
Address: 7545 SW 86TH LANE  
City-St-Zip: OCALA, FL 34476

Title: VC ( ) Delete  
Name: SANTOSPIRITO, PATRICIA  
Address: 5291 NW 20TH PLACE  
City-St-Zip: OCALA, FL 34482

Title: C ( ) Delete  
Name: ABSHIER, ROY  
Address: 6006 SE ABSHIER BLVD  
City-St-Zip: BELLEVIEW, FL 34420

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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:

Title: VC (X) Change ( ) Addition  
Name: BOYNTON, ANGELIA  
Address: PO BOX 832082  
City-St-Zip: OCALA, FL 34483

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: TAMMY M STILL

T

04/06/2009

Electronic Signature of Signing Officer or Director

Date