

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004136

FILED
May 01, 2006
Secretary of State

Entity Name: ROTARY SPORTSPLEX OF MARION COUNTY, INC.

Current Principal Place of Business:

500 NE 8TH AVENUE
OCALA, FL 34470

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3263
OCALA, FL 34478 US

New Mailing Address:

FEI Number: 59-3458080 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

R. WILLIAM FUTCH, P.A.
500 NE 8TH AVE.
OCALA, FL 34470 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: DS () Delete
Name: VANDEVEN, HARVEY
Address: 500 NE 8TH AVENUE
City-St-Zip: OCALA, FL 34470

Title: DP () Delete
Name: SISK, MIKE
Address: 500 NE 8TH AVENUE
City-St-Zip: OCALA, FL 34470

Title: VPD () Delete
Name: WRAY, DAN
Address: 1126 SE 5TH STREET
City-St-Zip: OCALA, FL 34471

Title: D () Delete
Name: COOPER, LARRY
Address: 6628 SW 12TH CT
City-St-Zip: OCALA, FL 34478

Title: D () Delete
Name: SWEARINGEN, DONALD
Address: 500 NE 8TH AVE
City-St-Zip: OCALA, FL 34470

Title: DT () Delete
Name: HATCH, KAREN
Address: 2001 SW 87TH PL
City-St-Zip: OCALA, FL 34476

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
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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 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: KAREN HATCH

DT

05/01/2006

Electronic Signature of Signing Officer or Director

Date