

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Apr 08, 2008
Secretary of State

DOCUMENT# N97000004136

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:**4260 NE 35TH STREET
OCALA, FL 34479**Current Mailing Address:**4260 NE 35TH ST
OCALA, FL 34479 US**New Mailing Address:****FEI Number:** 59-3458080**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****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:**R. WILLIAM FUTCH, P.A.
4260 NE 35TH STREET
OCALA, FL 34479 US

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: _____

04/08/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DS () Delete
Name: GOBBONEY, ROCK
Address: 500 NE 8TH AVENUE
City-St-Zip: Ocala, FL 34470

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

Title: VPD () Delete
Name: RIPLEY, SCOTT
Address: 500 NE 8TH AVE.
City-St-Zip: Ocala, FL 34471

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

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

Title: DT (X) Delete
Name: VANDEVEN, HARVEY
Address: 500 NE 8TH AVE
City-St-Zip: Ocala, FL 34476

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DS (X) Change () Addition
Name: GOBBONEY, ROCK
Address: 4260 NE 35TH STREET
City-St-Zip: Ocala, FL 34479

Title: DP (X) Change () Addition
Name: RIPLEY, SCOTT
Address: 4260 NE 35TH STREET
City-St-Zip: Ocala, FL 34479

Title: DT (X) Change () Addition
Name: VANDEVEN, HARVEY
Address: 4260 NE 35TH STREET
City-St-Zip: Ocala, FL 34479

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 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: HARVEY VANDEVEN

DT

04/08/2008

Electronic Signature of Signing Officer or Director

Date