

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004178

FILED  
Apr 29, 2004  
Secretary of State

**Entity Name:** THE LIBERTARIAN PARTY OF MARION COUNTY, INC.

**Current Principal Place of Business:**

1941 SOUTHEAST 51ST TERRACE  
OCALA, FL 34471 US

**New Principal Place of Business:**

**Current Mailing Address:**

1941 SOUTHEAST 51ST TERRACE  
OCALA, FL 34471 US

**New Mailing Address:**

**FEI Number:** 59-3447230

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CALVO, WILLIAM A III  
1941 SOUTHEAST 51ST TERRACE  
OCALA, FL 34471

**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: VCD ( ) Delete  
Name: MILLS, NANCY  
Address: 9155 SW 30TH CT  
City-St-Zip: OCALA, FL 34476

Title: CTD ( ) Delete  
Name: TILLERY, MARC  
Address: 3092 SW HARBOR HILLS RD.  
City-St-Zip: DUNNELLON, FL 34431

Title: D ( ) Delete  
Name: CALVO, WILLIAM A III  
Address: 1941 SOUTH EAST 51ST TERRACE  
City-St-Zip: OCALA, FL 34471

Title: S (X) Delete  
Name: VAN YUSH, MARK  
Address: 4920 NE 2ND LOOP  
City-St-Zip: OCALA, FL 34470

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

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

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

Title: DS (X) Change ( ) Addition  
Name: CALVO, WILLIAM A III  
Address: 1941 SOUTH EAST 51ST TERRACE  
City-St-Zip: OCALA, FL 34471

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: WILLIAM A. CALVO, III

DS

04/29/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date