2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008070

Entity Name: MARION DISASTER RECOVERY NETWORK INC.

FILED Feb 23, 2015 Secretary of State CC7404463077

Date

Current Principal Place of Business:

1401 NE 2ND STREET OCALA, FL 34470

Current Mailing Address:

PO BOX 1086

OCALA, FL 34478 US

FEI Number: 30-0330141 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

UNITED WAY OF MARION COUNTY 1401 NE 2ND STREET OCALA, FL 34470 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: SCOT QUINTEL 02/23/2015

Electronic Signature of Registered Agent

Officer/Director Detail:

Title PRESIDENT Title TREASURER

Name UNITED WAY OF MARION COUNTY Name GRIMSLEY, KARLA

Address 1401 NE 2ND STREET Address 435 NW 2ND STREET

City-State-Zip: OCALA FL 34470 City-State-Zip: OCALA FL 34475

Title SECRETARY Title VP

 Name
 O'NEILL, WINIFRED
 Name
 DILORENZO, JILL

 Address
 PO BOX 904
 Address
 1025 SW 1ST AVE

 City-State-Zip:
 OCALA FL 34478
 City-State-Zip:
 OCALA FL 34471

I hereby 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 all other like empowered.

CEO

Electronic Signature of Signing Officer/Director Detail