

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000005114

**Entity Name:** MARION COUNTY COALITION FOR HEALTH AND MEDICAL  
PREPAREDNESS INC.

**FILED**  
**Apr 16, 2025**  
**Secretary of State**  
**2454702834CC**

**Current Principal Place of Business:**

692 N.W. 30TH AVE  
ATTEN EMERGENCY MANAGEMENT (CHAMP)  
OCALA, FL 34475

**Current Mailing Address:**

692 N.W. 30TH AVE  
ATTEN EMERGENCY MANAGEMENT (CHAMP)  
OCALA, FL 34475

**FEI Number: 47-4158934**

**Certificate of Status Desired: No**

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

PAYNE, ELIZABETH  
40 E. ADAMS STREET  
SUITE 320  
JACKSONVILLE, FL 32202 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:** ELIZABETH PAYNE

04/16/2025

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title C  
Name O'BRIEN, AMY  
Address 40 E. ADAMS STREET  
SUITE 320  
City-State-Zip: JACKSONVILLE FL 32202

Title VC  
Name BARATTINI, JOHN  
Address 40 E. ADAMS STREET  
SUITE 320  
City-State-Zip: JACKSONVILLE FL 32202

Title M  
Name STARLING, DONNA  
Address 40 E. ADAMS STREET  
SUITE 320  
City-State-Zip: JACKSONVILLE FL 32202

*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.*

**SIGNATURE:** DONNA STARLING

**MANAGER**

04/16/2025

Electronic Signature of Signing Officer/Director Detail

Date