

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28116

FILED
Mar 29, 2005
Secretary of State

Entity Name: PUBLIC EDUCATION FOUNDATION OF MARION COUNTY, INC.

Current Principal Place of Business:

2303 S.E. 17TH STREET
#203
OCALA, FL 34471

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 670
OCALA, FL 34478

New Mailing Address:

FEI Number: 59-2949915 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCALL, BETH
2303 SE 17TH STREET
SUITE #203
OCALA, FL 34471 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: P () Delete
Name: MAINES, CARMEN D
Address: 2830 SE 41ST PLACE
City-St-Zip: Ocala, FL 34480

Title: PED () Delete
Name: GETS, ERIK
Address: 2225 SE 10TH AVENUE
City-St-Zip: Ocala, FL 34471

Title: ED () Delete
Name: MCCALL, BETH
Address: 2303 SE 17TH STREET #203
City-St-Zip: Ocala, FL 34471

Title: STD () Delete
Name: DLOUHY, SHERI
Address: 3002 NW 10TH STREET
City-St-Zip: Ocala, FL 34475

Title: D () Delete
Name: RHODIA, BERRY
Address: 10351 SE MARICAMP ROAD
City-St-Zip: Ocala, FL 34472

Title: D () Delete
Name: RUSTY, BRANSON
Address: 125 NE FIRST AVENUE
City-St-Zip: Ocala, FL 34470

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PPD (X) Change () Addition
Name: MAINES, CARMEN D
Address: 2830 SE 41ST PLACE
City-St-Zip: Ocala, FL 34480

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: D (X) Change () Addition
Name: SHEALY, JULIE
Address: 606 SE 40TH 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: BETH MCCALL

ED

03/29/2005

Electronic Signature of Signing Officer or Director

_____ Date