2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 13, 2001 8:00 am
Secretary of State
08-13-2001 90144 026 ****61.25

DOCUMENT # N97000003532

1. Entity Name

OCALA/MARION COUNTY CHAPTER OF THE WOMEN'S COUNC

Principal Place of Business	Mailing Address
3105 NE 14TH STREET OCALA FL 34470	3105 NE 14TH STREET OCALA FL 34470

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BENNETT, KRYSTIN 2226 E SILVER SPRINGS BLVD OCALA FL 34470	Name: Elizabeth Holder Street Address (P.O. Box Number is Not Acceptable): ~~PO Box 830056~~ 3423 SE 15 ST OCALA FL ~~32678~~ 34471 City: FL Zip Code

8. 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 Holder Elizabeth Holder 7/24/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
After September 12, 2001, min. will be $236.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WETHERINGTON, JOY 115 NE 8TH AVE OCALA FL 34470	☒ Delete	TITLE TD NAME STREET ADDRESS CITY-ST-ZIP	Donna Dunaway 6996 N.W. US Hwy 27 OCALA FL 34482 TREASURER	~~☐ Change~~ ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BATEMAN, KAREN 13388 N HWY. 19 OCALA FL 32134	☒ Delete	TITLE SD NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY MARGARET NELSON 602 SE 19 ST OCALA FL 34471	~~☐ Change~~ ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PED HOLDER, ELIZABETH PO BOX 830056 OCALA FL 34478	☒ Delete	TITLE PED NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ELECT Diane McCombs 115 N.E 8 AVE OCALA FL 34470	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BENNETT, KRYSTIN 2226 E SILVER SPRINGS BLVD OCALA FL 34470	☒ Delete	TITLE PD NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT Elizabeth Holder PO Box 830056 OCALA FL 34483	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (5/01)

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ~~ELIZABETH HOLDER REQUIR~~ Elizabeth Holder 7/24/01 352-624-2815
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #