

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000009376

**Entity Name:** 12TH AVENUE INDUSTRIAL CENTER MANAGEMENT ASSOCIATION, INC.

**FILED**  
**Feb 21, 2015**  
**Secretary of State**  
**CC5967384431**

**Current Principal Place of Business:**

1521 S.W. 12TH AVE.  
SUITE 100  
OCALA, FL 34471

**Current Mailing Address:**

1201 SW 17TH STREET  
OCALA, FL 34471

**FEI Number: 26-1167646**

**Certificate of Status Desired: No**

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

PENN, JOHN B  
1201 S.W. 17TH. STREET  
OCALA, FL 34471 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DVPS  
Name PENN, JOHN B  
Address 1201 SW 17TH STREET  
City-State-Zip: Ocala FL 34474

Title DP  
Name ETHRIDGE, MIKE  
Address 1521 S.W. 12TH AVE. SUITE 100  
City-State-Zip: Ocala FL 34471

Title D  
Name HICKS, DANIEL  
Address 421 S PINE AVE  
City-State-Zip: Ocala FL 34471

Title T  
Name ETHRIDGE, TRACI  
Address 1521 S.W. 12TH AVE SUITE 100  
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.*

**SIGNATURE: JOHN B PENN**

**DVPS**

**02/21/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date