

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED

DOCUMENT# N19000008004

Jun 08, 2020

Entity Name: ROTARY CLUB OF OCALA BRICK CITY, INC.

**Secretary of State
3652342693CC**

Current Principal Place of Business:

2001 S.W. 87TH PLACE
OCALA, FL 34474

Current Mailing Address:

P.O. BOX 3654
OCALA, FL 34478 US

FEI Number: 84-2309696

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PARROTT, W. MICHAEL
5481 S.W. 60TH STREET, UNIT 501
OCALA, FL 34474 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 PD
Name HATCH, KAREN
Address 2001 S.W. 87TH PLACE
City-State-Zip: Ocala FL 34476

Title VPD
Name DEIORIO, LAUREN
Address 2025 S.E. 73RD LOOP
City-State-Zip: Ocala FL 34480

Title VPD
Name HARDING, JOE B
Address 18400 N.W. 150TH AVE.
City-State-Zip: WILLISTON FL 32696

Title SD
Name NAST, KRISTIN
Address 33815 S.E. 3RD STREET
City-State-Zip: Ocala FL 34471

Title TD
Name PARROTT, W. MICHAEL
Address 5481 S.W. 60TH STREET, UNIT 501
City-State-Zip: Ocala FL 34474

Title SAD
Name BISHOP, W.E. JR.
Address 5481 S.W. 60TH STREET, UNIT 501
City-State-Zip: Ocala FL 34474

Title D
Name BLAIR, LEIGH
Address 1925 S.E. 88TH STREET
City-State-Zip: Ocala FL 34480

Title D
Name HASKINS, JAMES SR.
Address 1951 S.W. 88TH STREET
City-State-Zip: Ocala FL 34480

Continues on page 2

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: W. MICHAEL PARROTT

TREASURER / DIRECTOR 06/08/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title D
Name MORING, PATTI
Address 820 S.E. 6TH STREET
City-State-Zip: OCALA FL 34471

Title D
Name WISE, BEVERLY
Address 1632 E. SILVER SPRINGS BLVD.
City-State-Zip: OCALA FL 34470

Title D
Name WISE, GREG
Address 1632 E. SILVER SPRINGS BLVD.
City-State-Zip: OCALA FL 34470