

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19000008004

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

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 DIRECTOR
Name DEIORIO, LAUREN
Address 2025 S.E. 73RD LOOP
City-State-Zip: OCALA FL 34480

Title PRESIDENT, DIRECTOR
Name WILTSHIRE, ANTHONY
Address 233 N.E. 58TH AVENUE
City-State-Zip: OCALA FL 34470

Title SECRETARY, DIRECTOR
Name CLARK, BONNIE
Address 9969 S.W. 59TH CIRCLE
City-State-Zip: OCALA FL 34476

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

Title SERGEANT-AT-ARMS, DIRECTOR
Name HASKINS, JAMES SR.
Address 101 S.W. 71ST PLACE
City-State-Zip: OCALA FL 34476

Title DIRECTOR
Name HATCH, KAREN
Address 2001 S.W. 87TH PLACE
City-State-Zip: OCALA FL 34476

Title DIRECTOR
Name HATCH, NANETTE
Address 8543 S.W. 62ND COURT
City-State-Zip: OCALA FL 34476

Title PRESIDENT-ELECT, DIRECTOR
Name CLARK, CHRISTIAN
Address 1900 SE 18TH AVENUE
City-State-Zip: OCALA FL 34471

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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

04/27/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name DAVIS, KASEY
Address 21701 N.E. 136TH STREET
City-State-Zip: SALT SPRINGS FL 32134