

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20008

**Entity Name:** THE MARTIN AND CLETIS MILLING FOUNDATION, INC.

**Current Principal Place of Business:**

2739 SE 35TH STREET  
OCALA, FL 34471

**Current Mailing Address:**

2739 SE 35TH STREET  
OCALA, FL 34471 US

**FEI Number:** 59-6891975

**Certificate of Status Desired:** No

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

SMITH, MARTY  
1309 SE 25TH LOOP  
SUITE 101  
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:** MARTY SMITH

03/07/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name PATTERSON, LEONA  
Address 2739 SE 35TH STREET  
City-State-Zip: Ocala FL 34471

Title D  
Name GUEST, HEATHER  
Address 10400 SE 36TH AVENUE  
City-State-Zip: BELLEVIEW FL 34432

Title D  
Name CARLISLE, CHRIS  
Address 7 N.W. 28TH STREET  
City-State-Zip: Ocala FL 34475

Title DIRECTOR  
Name REMBERT, BERNARD  
Address FOREST HIGH SCHOOL  
5000 SE MARICAMP ROAD  
City-State-Zip: Ocala FL 34480

Title D  
Name CRUZ, GINGER  
Address 3733 SW 80TH AVENUE  
City-State-Zip: Ocala FL 34481

Title D  
Name SALES, CAROL  
Address 151 W. HIGHWAY 329  
City-State-Zip: CITRA FL 32113

Title DIRECTOR  
Name MARTIN, WADE  
Address 10055 SW 180TH AVENUE ROAD  
City-State-Zip: Ocala FL 34432

Title D  
Name WADE, COLLEEN  
Address 10351 SE MARICAMP ROAD  
City-State-Zip: Ocala FL 34472

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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:** LEONA PATTERSON

SECRETARY

03/07/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            PRESIDENT

Name            LIVENGOOD, DANIELLE

Address        1614 E. FT. KING STREET

City-State-Zip: Ocala FL 34471