

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20008

**FILED**  
**Mar 22, 2017**  
**Secretary of State**  
**CC0678769356**

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

**Current Principal Place of Business:**

512 SE 3RD STREET  
OCALA, FL 34471

**Current Mailing Address:**

POST OFFICE BOX 670  
OCALA, FL 34478 US

**FEI Number: 59-6891975**

**Certificate of Status Desired: No**

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

SMITH, MARTY  
101 SW THIRD STREET  
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 SECRETARY  
Name PATTERSON, LEONA  
Address 2739 SE 35TH STREET  
City-State-Zip: Ocala FL 34471

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

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

Title D  
Name CARSON, BRENT  
Address 512 SE 3RD STREET  
City-State-Zip: Ocala FL 34471

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

Title TREASURER  
Name WHITEHOUSE, BEN  
Address 151 W. HIGHWAY 329  
City-State-Zip: CITRA FL 32113

Title PRESIDENT  
Name BOSTON-ELLIS, THERESA  
Address 512 SE 3RD STREET  
City-State-Zip: Ocala FL 34471

Title DIRECTOR  
Name CARSON, BRENT  
Address 5000 SE MARICAMP ROAD  
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: LEONA PATTERSON**

**SECRETARY**

**03/22/2017**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            BEASELY, JENNIFER  
Address        10351 SE MARICAMP ROAD  
City-State-Zip: Ocala FL 34472