#### 2021 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N20008

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

**FILED** May 04, 2021 **Secretary of State** 3452288842CR

Date

## **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: Yes

#### 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: MARTY SMITH 05/04/2021

Electronic Signature of Registered Agent

Officer/Director Detail:

DIRECTOR

Title

Title **SECRETARY** Title D

PATTERSON, LEONA **GUEST, HEATHER** Name Name

2739 SE 35TH STREET Address 10400 SE 36TH AVENUE Address City-State-Zip: BELLEVIEW FL 34432 OCALA FL 34471 City-State-Zip:

Title DIRECTOR Title D

Name BROWN, ELIZABETH Name CARLISLE, CHRIS

Address 5000 SE MARICAMP ROAD Address 7 N.W. 28TH STREET

OCALA FL 34480 City-State-Zip: City-State-Zip: OCALA FL 34475

Title Title D

Name LIVENGOOD, DANIELLE CRUZ, GINGER Name Address 151 W. HIGHWAY 329 3733 SW 80TH AVENUE Address City-State-Zip: CITRA FL 32113 City-State-Zip: OCALA FL 34481

Title

WADE, COLLEEN Name MARTIN, WADE Name

10351 SE MARICAMP ROAD Address 10055 SW 180TH AVENUE ROAD Address

City-State-Zip: OCALA FL 34472 City-State-Zip: OCALA FL 34432

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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.

05/04/2021 SIGNATURE: LEONA PATTERSON SECRETARY

Electronic Signature of Signing Officer/Director Detail

Date

# Officer/Director Detail Continued:

Title PRESIDENT

Name MCATEER, KEN

Address 512 SE 3RD STREET

City-State-Zip: OCALA FL 34471