

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45976

Entity Name: SCOTT CARRIGAN, INC.**Current Principal Place of Business:**1501 SE 17TH STREET
OCALA, FL 34471**Current Mailing Address:**P.O. BOX 6688
OCALA, FL 34478-6688 US**FEI Number:** 59-3070619**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JONES, ALICIA MARIE
2515 NE 28TH AVE
OCALA, FL 34470 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:** ALICIA MARIE JONES

06/16/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name MILLER, JUSTIN
Address 1253 NE 16TH ST
City-State-Zip: Ocala FL 34471

Title TREASURER
Name BROWN , KRISTINA
Address 2414 SE 15TH ST
City-State-Zip: Ocala FL 34471

Title INFORMATION OFFICER
Name ELDRIDGE, PAT
Address 6440 NW 65TH STREET
City-State-Zip: Ocala FL 34482

Title BOARD MEMBER
Name NELLIS , EDWARD
Address 3 BAHIA PASS TERR
City-State-Zip: Ocala FL 34472

Title V, VP
Name JOHNSON, DEREK
Address 1925 SE 51ST TERR
City-State-Zip: Ocala FL 34480

Title SPONSORSHIP COORDINATOR
Name LEUTGERT , CHRIS
Address 1520 SE 5TH ST
City-State-Zip: Ocala FL 34471

Title SECRETARY
Name JONES , ALICIA
Address 2515 NE 28TH AVENUE
City-State-Zip: Ocala FL 34470

Title CONCESSION COORDINATOR
Name JONES, CHRIS
Address 2515 NE 28TH AVENUE
City-State-Zip: Ocala FL 34470

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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: ALICIA MARIE JONES**SECRETARY**

06/16/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title WEBMASTER
Name MILLER, ALICIA
Address 1253 SE 16TH ST
City-State-Zip: OCALA FL 34471

Title BOARD MEMBER
Name BAILEY, JIM
Address 5241 SE 18TH ST
City-State-Zip: OCALA FL 34480

Title BOARD MEMBER
Name ROTH, TATE
Address 1444 SE 8TH ST
City-State-Zip: OCALA FL 34471

Title FIELD AND PARK MAINTENANCE
Name CUNNINGHAM, DOUG
Address 1236 SE 11TH ST
City-State-Zip: OCALA FL 34471

Title BOARD MEMBER NON VOTING
Name MARTIN , MIKE
Address 2626 SE 15TH ST
City-State-Zip: OCALA FL 34471